Abstracts for conference presentations on

Wednesday 5\textsuperscript{th} September 2007

Please check Notice Board for any last minute Program Changes
S03  Keynote - Til Wykes
5/09/2007  From: 1000 To: 1100  Venue: John Batman Theatre
Keynote Speech: From subjects to participants: service user involvement in research.

The emphasis in recent years by governments has been on mental health service users being included in the development and evaluation of services. Despite this rhetoric the development of evidence on which to base decisions about which treatments or services to provide has more often excluded the service user view. Evidence is the result of a long process of research which is assimilated and weighed and then acts as guidance to clinicians and service managers. So how can service users get involved in this process? Clearly service users need to have an influence and not just about how the research funds are spent but also in the types of questions that are asked and the content and process of the research itself. The Service User Research Enterprise (SURE) is a collaboration between clinical academics and service user researchers. It was set up to try to influence research in a number of ways; to act as an exemplar of good practice but also to develop methodologies that can help to guide researchers on exciting and novel ways to produce the evidence base. SURE has carried out systematic reviews, cohort studies and been part of randomised controlled trials. In addition to employing user researchers we have also set up a clinic to guide clinical academics on how to carry out user involvement. We hope that our experience, which includes ongoing tensions between different approaches, will be of use to both clinical academics as well as service user researchers in developing an inclusive research agenda.

S04  Media Portrayal of mental health
5/09/2007  From: 1130 To: 1300  Venue: John Batman Theatre
Symposium 1.5 Hrs: Media portrayal of mental health issues: Current challenges and complexities.
Jaelea Skehan  Barbara Hocking  Kellie Cathcart  Rex Jory  Michael Winter  Jacqui Cheng

In Australia about 1.5% of all deaths can be attributed to suicide, and one in five people will be affected by mental illness in their lifetime. Historically, media organisations have shied away from covering sensitive topics such as suicide, mental illness and mental health. However, the world in which we live has changed and communities more prepared to openly discuss these issues than they once were. Research about media coverage of suicide and mental illness has shown the potential for both positive and negative effects. With an increased interest in these topics within the community, it is important for people working within the media to be informed about the ways in which certain information can either harm or benefit their audience. Mindframe is the Australian Government Department of Health and Ageing’s National strategy for promoting responsible and accurate reporting of suicide and mental illness in the media. The strategy is multi-faceted and guided by the National Media and Mental Health Group, giving credibility to the strategy within both the media and mental health sector. Through accurate and sensitive reporting, the media can play an important role in improving attitudes to mental illness, promoting help-seeking behaviour and reducing the occurrence of copycat suicide. However, on the flip side, sensationalist reporting can promote stigma in the community by presenting people with mental illness in ways that are inaccurate, and may place vulnerable members of the community at a greater risk of suicide. The Australian Media may be in a unique position to not only reduce harm in their news and programs, but also promote positive mental health by exploring unique community concerns, such as the drought, risk-taking behaviour in young people, the link between drugs and mental ill health, and promoting local resources and community specific responses. This symposium will draw on lessons learnt under the Mindframe Initiative to explore issues related to the coverage of suicide and
mental illness faced by those working in the Australian media. Perspectives from people living with mental illness, journalists and those working in Australian film and drama will be provided to give the audience an understanding of the current challenges and issues faced in Australia. Format: 1. An overview of the evidence for media strategies and brief introduction to the Mindframe National Media Initiative (Jaelea Skehan) - 10 mins. 2. Setting the Scene A person with direct experience of mental illness talks about the coverage of mental health issues in news and entertainment media (a SANE speaker) 10 mins. 3. Setting the Scene Reflections on community concerns from the Stigma Watch program (Barbara Hocking, SANE Australia) 10 mins. 4. Mindframe approaches to working with News Media in Australia and lessons learnt (Jaelea Skehan) 10 mins. 5. Perspectives from a News journalist current opportunities and challenges of covering mental health issues (Rex Jory, The Advertiser) 10 mins. 6. Mindframe approaches to working with Australian film and television drama and lessons learnt to date (Kellie Cathcart) 10 mins. 7. Perspectives from a script writer current opportunities and challenges when characterising mental health issues for film and drama (Michael Winter, Australian Writers' Guild) 10 mins. 8. Questions and discussion 20 minutes. In summary this workshop will enable participants to: 1. Develop an enhanced appreciation of current challenges and complexities of covering mental health issues in News Media and Entertainment Media in Australia. 2. Understand key projects working to partner with news and entertainment media in Australia around the portrayal on mental health issues.

S05 Legal issues and rights
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 7

John Lesser

The presenter, John Lesser, has been the President of the Mental Health Review Board of Victoria (the Board) since 2000. In June 2006, John was awarded a Churchill Fellowship, which provided funding for an eight-week overseas study tour to the United Kingdom, Europe and North America to visit a range of mental health tribunals, courts and service providers, and to meet with many stakeholders in mental health (and allied) review and complaints processes comparable with Victoria's. In this paper, informed by the study tour undertaken between April and July 2007, John reflects on the strengths and weaknesses, and overall effectiveness, of the Victorian Board processes and the legislative framework, the Mental Health Act 1986, under which it operates, with particular focus on participation by and advocacy on behalf of consumers. He also considers the role of carers, and makes some suggestions for possible future directions. Learning Objectives: 1. Delegates will gain an understanding of the different mental health review processes used in Victoria and other comparable overseas countries, and the effectiveness of consumer participation and advocacy models. 2. Review processes provide an important protection of the rights of involuntary patients and, if effectively conducted, can be a fruitful opportunity for constructive interactions between consumers and service providers. References: Freckelton, I. 'Involuntary Detention Decision-Making, Criteria and Hearings Procedures: An Opportunity for Therapeutic Jurisprudence in Action' in Diesfeld, K and Freckelton, I. (eds) Involuntary Detention and Therapeutic Jurisprudence: International Perspectives on Civil Commitment, Ashgate 2003, p. 293. Lesser, J. 'All Care and Whose Responsibility?', in Psychiatry Psychology and Law Vol 11 No 2 2004, p. 236
This paper describes the implementation and outcomes of the North West Area Mental Health Service (NWAMHS) Rights and Responsibilities Project. The NWAMHS has established a set of core values and attempted to consistently demonstrate these in practice. The project team, consisting of consumer and carer consultants together with clinical staff, has represented the areas attempts to raise awareness and prioritise meeting rights and responsibilities obligations across the service. This has resulted in a compulsory training program, evaluation that includes pre and post testing of participants, feedback via surveys from consumers and carers and continuing regeneration of strategies for improving standards in this area. This paper will describe the content and process of this project, evaluation findings and the challenges and rewards experienced. The paper will be relevant to all staff consumers and carers in mental health who are aiming to build confidence and competence in fulfilling and demonstrating rights and responsibilities obligations. Learning objectives: 1. Information regarding identifying and responding to staff development needs in relation to meeting rights and responsibilities obligations. 2. This paper highlights the importance of mental health services remaining active in involving staff, consumers and carers in ongoing dialogue about rights and responsibilities. References: 1. Victorian Mental Illness Awareness Council Inc. (2003) Guidelines, Consumer Rights and Staff Responsibilities in Mental Health Services. 2. Mental Health Consumer Outcomes Task Force (2000) Mental Health Statement of Rights and Responsibilities, National Mental Health Strategy. Commonwealth of Australia.

This workshop is about the innocent victims of parental mental illness the children. There are currently 1 million children in Australia who have at least one parent with a mental illness. Even though programs are being developed to identify and address the needs of these children and their families, there are still far too many who 'fall through the gaps' of the mental health system and sadly, often end up within the child protection system. Our overburdened child protection system is then guided into making life changing decisions based on people’s negative attitudes and the prevailing stigma towards parental mental illness. A lack of time, staffing and resources also leads to child protection services placing little emphasis on supporting the family to enable restorative processes to occur. The end result is that children are being removed and placed into foster care as standard practice, rather than as a last resort. Research shows that Parental mental illness alone need not indicate significant risk to the child. The vulnerability of a child may be reduced when the parent receives appropriate treatment, has supportive family and/or friends, and has access to adequate income and housing. (Vic Dept of Human Services, Protection & Care Branch, 1996) and that the best way to promote and restore mental and emotional well-being in children is for the child to witness the parent working steadily towards their own recovery from mental illness. (Seigal & Hartzell, Penguin, 2004) This workshop will focus on one consumer’s personal experience with the child protection system and how due to being over worked, under resourced and very
adversarial in their approach, the system tragically failed this family. By telling her story the consumer will enable workshop participants to identify the key areas of failure by the mental health and child protection systems. They will then have the opportunity to brainstorm ideas to help resolve each of the key areas of failure, with the ultimate aim of the workshop being to paint a picture of what Parental Mental Illness and the Child Protection system may look like in the Year 2020. Learning Objectives: 1. The participants will learn through a real case study, what the key failures in service delivery by the child protection system are for families with mental illness. They will also have the opportunity to develop their own ideas as to solutions for these key failures, thus creating the idealistic future of 2020 where anything is possible. 2. This topic is very relevant to mental health services as the number of children whose parents have mental illness and child protection issues will continue to rise. By improving services and support for families where there are child protection issues, there will be a reduction in the number of children requiring foster care. Treating and supporting the whole family within the context of their own home, will ultimately protect the future mental health of these children by reinforcing their family connections and sense of belonging.

S06 The aboriginal mental health workforce
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 6
Workshop 1.5 Hrs: NSW Health - addressing Aboriginal mental health needs - what are the future challenges/issues facing this emerging workforce?
Tom Brideson Carmel Jones
Aboriginal mental health is an emerging professional workforce issue throughout Australia. A range of models currently exist in mainstream mental health and Aboriginal social and emotional wellbeing services aimed at addressing this issue. In NSW, a program to substantially increase the Aboriginal mental health workforce is well under way. As part of NSW: A New Direction for Mental Health, funding was provided to NSW Health to implement a statewide Aboriginal Mental Health Workforce Program. The Program is being run by NSW Health in conjunction with the Greater Western Area Health Service. The objectives of the Program are to: Increase the Aboriginal mental health workforce; Increase the quality of the workforce; Increase the accessibility, responsiveness and effectiveness of mental health services; Increase the number of Aboriginal people accessing mental health services; and, Improve treatment outcomes for Aboriginal people who have mental health problems. By the end of the Program, the total number of Aboriginal Mental Health Worker positions in Area Health Services and Aboriginal Medical Services in NSW could exceed 100. This workshop intends to describe the above Program, to facilitate discussions on potential emerging professional and support issues facing this workforce into the future and importantly, to learn from other mental health professionals' experiences. What sort of workforce should be expected by 2020 and how will it look? Importantly how do we get there? The Royal Australian and New Zealand College of Psychiatry (RANZCP) put forward a submission to the Productivity Commission on Health Workforce in 2005 regarding some of the issues faced by the Aboriginal mental health workforce (RANZCP The Status and Role of Aboriginal and Torres Strait Islander Mental Health Workers, July 2005). A range of policy directions exist at both Commonwealth and State levels, including the recently released NSW Aboriginal Mental Health and Well Being Policy 2006-2010, which will also be highlighted (NSW Health 2007). Learning Objectives: 1. The audience will have the opportunity to learn about the NSW Aboriginal Mental Health Workforce Training Program and to contribute to the discussions on supporting the workforce into the future. The audience will also gain an understanding of the new Aboriginal Mental Health and Well Being Policy 2006-2010 (NSW). 2. Aboriginal mental health is an emerging professional workforce issue in mental health care and therefore services need to consider support needs in order to contribute to the further
The NSW Consumer Advisory Group - Mental Health Inc (NSW CAG) first sprang to life in 1992, along with other CAGs around Australia. Established under the first National Mental Health Plan, CAGs were Ministerial Advisory Groups. In 1994, NSW CAG incorporated, under the Associations Incorporations Act 1984 (NSW). Over the years since NSW CAG’s establishment, there have been changes in the mental health system, and in expectations of our organisation. In this presentation, we will describe some of NSW CAG’s history and our development into the organisation we are now, in 2007. Specifically, we will explore the areas of change and some of the key challenges we have overcome, asking what is NSW CAG’s role and purpose now. Input from consumers and carers from around NSW, and their vision for their CAG, and how this information has helped shape our current vision and strategic purpose will be described. We will explore NSW CAG’s role in systems advocacy, and how people can get involved with our organisation. Reflecting on the process of developing our most recent strategic plan, we will look at the question of NSW CAG’s relevance, and describe the work we do to be relevant in today’s environment.

Learning Objectives: 1. People in the audience will gain an understanding of NSW CAG’s history, and purpose, the work that NSW CAG does, and how we are relevant to consumers, carers and services in 2007. 2. The role of CAG’s in providing advice to mental health policy makers, and in fact in leading policy decisions, is a key component of genuine consumer and carer participation, and in achieving quality mental health services that are truly responsive and consumer focused.

mental health service delivery system is organised and functions is crucial in achieving ‘best practice’ outcomes for consumers, carers, clinicians, and the communities they serve.

**S07 Managing services and organisations**  
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 5  
Paper 20 Minutes: In Search of a Seamless and Coordinated Mental Health Service Delivery Model for Youth and Adult Consumers.  
Frank Flannery  Danielle Adams

In late 2006, NSCCH management commissioned a special redesign project to develop a generic model of service delivery that would incorporate the recently enhanced catchment population of 1,200,000 across 4 sectors and introduce a specialist youth mental health component. The project team undertook an extensive literature search, consulted with all key stakeholders and reviewed existing innovative models both in Australia and Overseas. The end result was the formulation of a model that contained evidence-based 'essential' services (e.g. assertive care coordination, intensive community treatment at both the acute and non-schizophrenia end of the continuum, was aligned to the different phases of the consumer journey beginning with engagement and ending in growth and was informed by contemporary national, state and area policies and strategies. The project generated an Action Plan to address the deficit areas at both area and sector level elicited throughout the consultations and identified the priority areas that would attract promised enhancement funding. The Paper will provide an update on the implementation of the Action Plan and the impact that the plan has had on the delivery of services thus far.

**S08 Snapshots**  
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4  
Snapshots - Brief Papers 10 minutes: So many people with no-one to talk to what the evaluation of Transcultural Mental Health Centre, NSW found out about depression in CALD women.  
George Klein  Terezija Petric  Maria Cassaniti  Roy Laube

A review of clients assessed between July 2003 and June 2006 through the Clinical Consultation & Assessment service of the Transcultural Mental Health Centre (NSW) reveals that depression was identified as both the most common presenting problem and principle diagnosis, affecting almost one third of clients. This appears to be consistent across languages and cultural backgrounds. Two thirds of clients referred to the clinical service of TMHC are female. In the absence of good epidemiological data these results hint that, at least for the increasingly broad referral base of this service, depression may impact profoundly on women of CALD backgrounds. Who becomes affected by depression and why? The findings beg the question: is depression in this group a public health issue? From the findings of the clinical services evaluation commenced in November 2004 this paper explores some of the determinants of depression in the client group and reflects on the nature, availability and appropriateness of care. Learning Objectives: 1. Audience will gain increased awareness of factors associated with depression in the client group. 2. This topic throws into focus a group of clients about whom comparatively little is known and whose needs are not taken into account in public health campaigns and in the development of services. References: Brisbane Inner South Division of General Practice, 2001: Mental health shared care for ethnic communities - a handbook. Brisbane: Brisbane Inner South Division of General Practice & Queensland Transcultural Mental Health Centre. Larson, A., Frkovic, I., Van Kooten-Prasad, M., Manderson, L. (2001). Mental health needs assessment in Australia's culturally diverse society. Transcultural Psychiatry, Vol 38(3): pp. 333-347.
S08 Snapshots  
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: General Practice is a Mental Health Service too.
Marilyn McMurchie  Victoria Sutton  Kay Wilhelm
To promote an understanding of general medical practice to enable better communication between mental health services and general practitioners (GPs). Features of general practice valued by patients and GPs include the benefits of continuity or on-going care and the longevity of the clinical relationship. General practice training emphasises skills in communication and active listening, management plans for people with complex needs, simple psychological interventions, and access to a range of community services. Psychologically-minded GPs may undertake further training. The Better Outcomes in Mental Health (BOiMH) initiative of the Department of Health and Aging introduced all GPs to the range of psychological assessment parameters and to a range of treatments. The mental health case load in general practice is high. Eighty per cent of the Australian population attends a GP at least once a year. The presenting problem is often stress or stress-related somatic symptoms. Previously, GPs had to (1) cope by themselves, (2) refer to a variable but usually poorly responsive public service or (3) refer to a three-months-or-more to wait psychiatrist or a perceived-to-be-expensive psychologist. The new BOiMH initiatives, especially Medicare item 2710, have led to changes. Vignettes from clinical practice will be presented. The impact of the Enhanced Primary Care program and particularly the BOiMH initiatives has been to give GPs a greater understanding of care planning and mental health terms and interventions. Try talking to us! We want to talk to you. Learning Objectives: 1. GP knowledge about mental health matters has improved. 2. GPs want to be involved in their patients' mental health care.

S08 Snapshots  
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Patrick O'Sullivan  Mary Murphy
It is widely accepted that a sense of social connectedness is key to increasing wellness in rehabilitation. For consumers of Psychiatric Disability Rehabilitation and Support service, meeting this inherent need can be extremely difficult. Frequently isolation is experienced and most interpersonal connections come via the delivery of a service. St. Luke's staff, volunteers and consumers have worked together to develop the innovative Peer Support Volunteer Program with the aim to alleviate the experience of isolation that consumers may have, within a context of strengthening community and individual capacities. This program was prompted initially by consumer requests for volunteer musicians to be involved in the consumer and staff band. Volunteers from within the local Castlemaine community are recruited and matched to spend time with consumers on a one-to-one basis, and to co-facilitate psychosocial group programs as part of this unique program. Volunteers are also drawn from the consumer group, or from prospective clients of the organization, providing a stepping stone into community or voluntary work, and recognizing their lived experience of mental illness, and their subsequent expertise and capacity to provide mentoring to newer and possibly more isolated clients of the service. The focus on community integration and capacity building, within the program has resulted in the development of a training program for volunteers and a peer support network. An increase in mental health awareness, and the subsequent breakdown of stigma, within the local community has been valuable outcome of the program. This is in addition to the increased sense of community integration and social connectedness experienced by consumers of the service. This paper will illustrate
the steps taken in the development of the program, which has recently received funding for the employment of a Volunteer Coordinator, in acknowledgement of the program's growth and value. The presenters will share some stories of some of the outcomes and skills development experienced by staff, consumers and volunteers, illustrated by examples of such as the increasing success and consolidation of a band of musicians represented by the three groups. Learning objectives: 1. The audience will learn how a Peer Support Volunteer program differs from traditional volunteer work. 2. Clients within the St. Luke's Mental Health service are provided with an opportunity for successful community integration and a greater sense of social connectedness, along with a stepping stone into volunteering and mentoring within the program. The paper will explore the unique model and approach of this program. References: Fitzpatrick, C. (2002) A New World in Serious Mental Illness, Behavioral Healthcare Tomorrow. Potter, D. (2006), Consumer Operated Mental Health Services, Community Living Briefs, Vol 2., Issue 2

S08 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: Building bridges: A QLD Health Recovery and Rehabilitation service in partnership with the community sector.
Amanda Greaves
Nundah House is a recovery and rehabilitation facility run by The Prince Charles Hospital Health Service District Mental Health Services. It provides a range of group and individual services related to the express needs and goals of consumers, and which have been identified in the current evidence as being useful for consumers in facilitating recovery. (Jacobs et al 2001). The program includes creative activities, social, education and leisure programs, skill development, relationship building and support, and vocational assistance and advocacy. Nundah House is characterised by it's unique operational model, in which a group of consumers who have formed an incorporated body work in partnership with mental health staff to provide program input, and administer grant funding for special projects. The program also involves growing numbers of partnership agreements with agencies who can provide valuable services for mental health consumers, such as Relationships Australia, which are described. Such partnerships are consistent with an empowerment approach and an emphasis on community inclusion and self-determination. (Oades et al 2005) The evolution and changing nature of Nundah House services and structure are also presented with a challenging look at the future, and issues which are beginning to be addressed, such as service and outcome evaluation. The learning objectives: 1. To increase the participants knowledge regarding a unique operational model for government/ non government partnerships. 2. To increase participants understanding of the elements of a consumer focussed evidence based rehabilitation program, current evaluation strategies and measures for such services.

S08 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: Consumer Participation at the Spectrum of Cultures Consumer group adds to forming positive actions in positive environments under positive influences.
Evan Bichara
Consumer Participation at the Spectrum of Cultures Consumer group adds to forming positive actions in positive environments under positive influences. We will explore the benefits of the Spectrum of Cultures group with the Community. In facilitating the group I have needed to find a balance between group activities and mind thinking tasks. A balance is necessarily to constitute effective participation with friendships forming. The aim of the group was so people of different cultures can come together enhancing their cultures & share support with information from a variety of
organizations allowing them to participate in the Community. We as group members have acquired the understanding that without the influence of a positive environment & striving for a positive attitude, we will always continue to struggle in life's journey. We have learnt to think simple & create positive actions for ourselves & for the group. An honest approach & a sense of humor go a long way in changing people's perceptions. We continue to impart this to other consumers, so that by being inclusive to our community we could improve the MHS's servicing other consumers. This snowballing effect will ultimately diminish some of the existing flaws the system has created. Learning Objectives:1. That the Spectrum of Cultures consumer group could be a good example to constitute effective & respectful Consumer Participation by allowing knowledge base & confidence to allow consumers integrating to the wider community in a vocational, social, educational or employing way.2. Spectrum of Cultures consumer group provides a medium where CALD Consumers can acquire knowledge, develop skills & ultimately build on confidence to address relevant Mental Health Issues & further advocate on how they may improve services within the Mental health sector.

S08 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: Consumer Companion Project - Bayside Health Service District.
Deen Minter Erin Carnachan Neville Thompson Shirley Wigan Vaidyanathan Kalyanasundaram
The Consumer Companion Project's purpose is to support consumers of the acute inpatient unit of Bayside Mental Health Services during their admission, orientation and discharge processes. The project is a peer support service that acknowledges the value of lived experience in recognising the negative experiences of living with mental illness. By using our own lived experiences and personal stories we can empower others to move towards self-directed recovery by offering hope, inspiration, role modelling and self-determination. We can demonstrate that living with mental illness does not have to be negative experience and that a person's journey through recovery can be an enriching and valuable experience. The consumer companion programme challenges the stigma of the stereotypical person with mental illness when the person is destined to hopelessness and dependency. The consumer companions working alongside the mental health staff transforms the mental health service and adds a valuable dimension to service delivery.

S08 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: The Regrowth of the gathering tree community garden.
Robert Caley
Community capacity building has become a central objective in a wide range of public policies and programs in Australia;” (Hounslow, 2002), “Improving the abilities of communities to enhance their quality of life and assisting disadvantaged groups in the communities are two key points in community capacity building;” (Moore, 2002). This presentation will showcase the continuing journey of one such endeavour, a community garden, and highlight the strengths and endurance of community capacity building. Since 2005 garden has experienced struggles and growing pains as the project had to relocate locations and rebuilding. The story of this community garden provides an example on how strong commitment and persistence by multiple partnerships involving a wide sector of the community can overcome barriers and obstacles. From being a stand alone Mental Health and Community Health partnership the project has grown to become a leader of such projects across Metropolitan Adelaide. n addition the talk will describe how the community coming
together to plan and implement the community strengths of the community they live in, to aid in the recovery process through, improving hope, health, to encourage risk taking and to help in the destigmatism of mental illness in the community. Learning Objectives: 1. About the Journey of mental health consumers, taking a lead role, mentoring and role modelling. The development of the gardeners self esteem and confidence building. The benefits of inter agency collaboration and the strengthening of the partnerships with ACCHS, ECMHS, and the Uniting Church. The benefits of the new partnership between three community gardens to build change. 2. Promoting empowerment and recovery through focussing on consumers strengths. Building on community by promoting with in the local community. References: Community capacity building explained, Betty Hounslow, Stronger Families Learning Exchange Bulletin No. 1 Autumn 2002 pp. 20-22. Community Capacity Building Programs And Approaches, Presentation notes by Gary Moore, NSW Premier's Department, for NSW Health Promotion Director's Forum, 19 Feb 2002.

S08 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: Older Adults With A Dual Diagnosis - An Exploratory Study.
Kathleen Ryan
This presentation will outline my beginning review of the literature on older adults with a dual diagnosis. The literature suggests that it is important to consider aspects of non-alcohol drug abuse in the elderly. For example, research by Holroyd and Duryee (1997, p 627) indicates that substance use disorders in the geriatric psychiatry outpatient population exist to a significantly greater extent than previously reported. Literature also indicates that since the 1960s there has been a trend away from the use of alcohol or a single illicit drug of choice: multiple substance use or abuse is now the usual pattern for most individuals. Also illicit drug use in older adults can be expected to grow owing to the large numbers of older people in society and larger numbers of drug users who did not stop using drugs in their early to mid thirties. Indeed, the baby boomers are growing older and available research evidence suggests that adults who become 65 in 2011 are more likely to have a drug or alcohol problem than adults in the current older population. (Phillips, 2001). I will also briefly outline my intended exploratory study on this topic. Learning objectives: 1. to understand themes extracted from a beginning review of the literature. 2. To understand that screening for a wide range of substances is important for older adults. References: Holroyd S. and Duryee JJ. 1997 Substance Use Disorders in a Geriatric Psychiatry Outpatient Clinic: Prevalence and Epidemiologic Characteristics Journal of Nervous and Mental Disorders Oct; 185 (10); 627-32. Phillips P. 2001 Substance Misuse in Older Adults: An Emerging Policy Priority NT Research FOCUS, vol 6, no. 6 pgs 898 905.

S08 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 4
Snapshots - Brief Papers 10 minutes: The Role of Community Mental Health Network in Clinical Transcultural Psychiatry.
Can Tuncer
As an example of a Community Mental Health Network, the Turkish Mental Health Network (TMHN) involves Turkish-speaking healthcare providers in mental health and representatives of Turkish Community Organisations. TMHN's mission does not only involve providing appropriate information to the mainstream mental health services to empower them to provide culturally appropriate services to the Turkish community. It helps to facilitate assessment and management of clients from Turkish backgrounds in clinical settings. By means of its members, as well as member-initiated referrals to appropriate services (including clinicians in private practice), the
above-mentioned tasks aim to be realised. One of the other aims of TMHN is to break down the stigma of mental illness in Turkish community by providing mental health and illness awareness campaigns. This facilitates the supportive interaction between the clinician, client, carer and the community support groups. Learning Objectives: 1. The audience will see the positive roles of Community Mental Health Network involvement in assessment and management of clients. 2. The audience will be provided information about Turkish culture and mental health and how they affect the clinical outcome. References: Al-Issa, I. (ed) Handbook of Culture and Mental Illness: An International Perspective, International Universities Press, Inc 1995. Helman, C.G. Culture, Health and Illness 3rd Edition, Butterworth-Heinemann Ltd, 1994.

**S09 general practice and mental health**
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 3
Paper 20 Minutes: The Impact of the Mental Health MBS Items on Practice.
Anne Diamond Michelle Bihary Nicholas Place Julie Thompson Steve Fryman
This symposium explores the impact of the new Mental Health MBS items at the practice level for general practitioners, private mental health professionals and Primary Mental Health Teams working with patients with mental health problems and disorders. The Commonwealth Better Access to Psychiatrists, Psychologists and General Practitioners program commenced in November 2006, and introduced a new set of mental health MBS items for general practitioners, psychiatrists and for the first time - eligible psychologists, social workers and occupational therapists in private practice. Designed to encourage greater access to psychological services for people seeking assistance with mental health conditions ranging from the mild to severe, the new mental health items have had high uptake by general practitioners and private practitioners alike. In this session, the impact of the new program on general practice, private practice and existing state-funded Primary Mental Health Teams is explored in terms of its value to consumers, workforce and workload issues, and changes to communication patterns between private and public mental health providers. Each speaker will address these and other changes to their mental health practice from their experience of the new items during the last ten months. The audience will learn first hand what the affect of the new items have been on each practitioner's views of consumer referral, therapeutic process, and collaboration with colleagues across sectors, and in addition, will gain an understanding of how this new mental health program may offer opportunities for closer relationships between private practice and mental health services. Symposium co-ordinator: Anne Diamond - Chair: Julie Thompson.

**S10 Trialogues - consumer, carers, workers**
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 2
Workshop 1.5 Hrs: Trialogues: Creating, structuring and supporting three way conversations for Consumers, Carers and Workers in public Mental Health.
Sue Ellen Radford Brendan O’Hanlon Colin Riess Peter McKenzie
Since the late 1990’s The Mental Health Team of the Bouverie Centre has hosted Trialogues in the form of free forums and a mini conference each year. Trialogues are facilitated three way discussions between consumers, carers and clinicians. Underpinning our model of Trialogue is a belief that in combining the perspectives of consumers, family members and mental health workers we create an opportunity to provide the best way forward at the level of understanding, good practice and service development. The Trialogue reflects the now well understood evidence that well being and positive outcomes for consumers and carers is improved when family and carers are included in all aspects of the ongoing care of a person with a mental illness (Chief Psychiatrists Guidelines DHS Victoria April 2005). We believe that as a
model of exploration, the Trialogue offers all participants of the service system greater opportunity to actively participate and contribute to a three dimensional discussion about issues important to mental health. Another advantage of the Trialogue is that contentious issues can be tackled because each stakeholder is represented and the presence of each stakeholder modifies the others’ presentation. Put simply, clinicians have to think how can I present my point so that it is not hurtful to carers and consumers and the same for carers and consumers? Trialogue topics have included issues such as Where Does the Hurt Go?, Avoiding Caring Traps’ and Can an Acute Inpatient Unit be Family Sensitive? This year we will explore ‘The Power of the State, and how perceptions of ‘state’ of mind and intervention by ‘the state’ powerfully influence relationships in mental health. In creating Trialogues, we try to raise for examination those issues that are either not talked about in public mental health, those issues we might take for granted or those issues which might not be aired in other forums, perhaps because they are potentially very emotive. In the experience of Trialogue, we ask workers to share their experience more directly as people who both influence and are influenced by the lives of carers and consumers. This provides added depth and richness to the experience for all participants. The Trialogue is also an opportunity for workers to reflect more deeply on their practice alongside the people with whom they provide a service. Workers have the opportunity to share how the system in which they work may constrain them, and this information can contribute new insights for carers and consumers. Like all good dramas, in which many complex stories are told, and many relationships are explored and exposed, it is acknowledged that the process of creating, structuring and supporting a Trialogue is a complex task which requires much planning. Much preparation must go in to providing the scaffolding required to protect the safety of all participants, but which simultaneously challenges them to share openly about their experiences. Learning Objectives: 1 In the workshop facilitated by clinicians from The Bouverie Centre Mental Health team, participants will gain an insight into the history and development of the Trialogue as a model of intervention. We will consider what it may entail to create a space and opportunity for a Trialogue to take place in local mental health services. Emphasis will be placed on the importance of structure, and the role of an external organisation such as the Bouverie Centre, in assisting mental health services to develop and implement this approach, which is inclusive of all participants, not just individual client focussed. 2: Participants will be able to observe staff from The Bouverie Centre host a Trialogue. This will involve consumers, carers and workers from some Adult Mental Health services in Victoria. These participants will have been previously approached by The Bouverie Centre to raise for exploration the issue of conflict which occurs between carers and consumers, and how workers, carers and consumers can work with this complex issue collectively. Audience participation will then be invited and we will be encouraging and challenging participants to contribute, adhering to values of the Trialogue. Hence, we will facilitate and tolerate communication and interactions which are non blaming, non stigmatising and family sensitive. We will also offer an opportunity for all involved (those witnessing and actively participating) to reflect on the experience of working in this complex, challenging and exciting manner.

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: Implementing the Australian Clinical Guidelines For Early Psychosis in a Mainstream Mental Health Service.
Megan Svenson Ajit Selvendra
Background: St Vincent's Mental Health Service is currently developing an Early Psychosis service, integrated within the existing adult mental health service. The goal of the Early Psychosis program is to provide consistent and evidence based practice in line with Australian and local clinical guidelines. This practise is delivered through
the normal adult teams but in a manner that is responsive to the needs of the early psychosis client group. A checklist format was developed as a tool for assisting clinicians to use current best practice standards. A review of a number of different approaches to checklists occurred, from this a pilot was developed for use within the first 3 months of case management and acute care. Early results indicate that clinicians find the checklist approach useful in prompting them to adhere to the clinical guidelines. Basic evaluation data of initial cases will form part of the presentation to identify strengths of the tool and areas for further improvement. From this presentation, an understanding will be gained as to the rationale for use of checklist tools, and identification of issues regarding implementation in a mainstream environment.

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: Helping Hands Community Garden Project.
Katy Smith
This paper outlines the ground breaking work of a volunteer program in a rural area and the programs involvement in the redevelopment of a community garden. Social isolation is increasingly recognised as a major contributor to the relapse of people with a mental illness in the community and existing mental health care services struggle to provide rehabilitation programmes to help alleviate its harmful effects. In agreement with St. Vincent De Paul Society we have formed a partnership whereby we have access to the Jim Da Silva farm property located at west Nowra to provide the opportunity for mental health consumers to participate in the re-development of the garden and hydroponics facilities. The project involves consumers in meaningful & productive activity, enhancing self-esteem through personal ownership and provides a place for social, recreational & vocational pursuits. By encouraging direct consumer involvement in the creation & management of the garden, the project maximises individual potential, promotes healthy lifestyle practices and help consumers forge community relationships: thus increasing feelings of personal worth, reducing the stigmatism associated with Mental Illness & opening doors to employment opportunities. The chance to develop skills assists consumers to become more independent & less reliant on an already over-burdened Health Service. The garden connects consumers with a variety of community & business associations, assisting them in constructing social & vocational networks and possibly generates their participation in further activities of a like nature. The audience will learn how the Helping Hands program achieves its objectives.

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: Carer support groups: why do carers attend and what is the impact of participation. A qualitative study.
Katie Wyman   Sharyn Clarke   Peter McKenzie   Monica Gilbert
Caregivers of people with a mental illness experience considerable ongoing burden as psychological distress as a consequence of their caregiving role. Support groups for such carers aim to address this burden and distress. While the literature is limited, the qualitative and quantitative research to date suggests that carers benefit from attending support groups. This paper presents an overview of the current research on support groups and then presents the results of a qualitative study. This study examined the experiences of participants of an ongoing support group. Specifically: what were participants experiences, both positive and negative, of the support group? And, what are the factors that have influenced their attendance? Results suggest that participants had mostly positive experiences of being in the support group. Results are compared to previous research and unique themes will
be discussed. This paper aims to provoke reflection on the use and impact of support groups for carers of people with a mental illness. Learning objectives:

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: A Family's Experience of Mental Health and Mental Health Services.

Judy Nicholas  Leanne Nicholas
My first experience with mental health challenges began soon after my marriage in 1969. My husband and I have experienced symptoms of mental illness. Our daughter developed symptoms of schizophrenia after smoking marijuana at university in 1994. The method that helped our family has been advocacy. I am a carer advocate. Leanne is a consumer advocate and our combined presentations provide us with the enjoyment and satisfaction to partner in inspiring others and increasing their understanding by normalising family problems and reducing stigma. During a five year period our family experienced denial and finally acceptance as a key to the road of recovery. Leanne’s symptoms continued until a successful therapeutic level of medication resulted in a reduction in her symptoms. This contributed to a period of stability for Leanne and the family. The side effects of medication and a prolactin tumour preceded a period of hospitalisation in an acute ward for 12 months in 2005. Leanne is currently recovering after ECT and with rehabilitation. My husband has experienced several episodes of suicidal thinking, however, by attending a men's group he is now making progress. I have benefitted from anti-depressant medication in helping me deal with the ups and downs. The main way for us to find a happy, meaningful life has been to practise spirituality, concentrate on strengths, positivity and resilience. Also being able to accept what life throws at us whilst forgiving each other's challenging behaviours. Learning Objectives: 1. To increase understanding of mental illness, from a personal perspective. 2. The paper will demonstrate how mental health services have assisted family members in acute treatment and recovery.

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: Promoting Mental Health Through The Ages Silk Flag Project.

Katharina Verscharen  Stephen Ward
Participants from a range of programs will discuss the ‘Silk Flag Project’ a Mental Health Promotion Project in 2006 that focused on challenging stigma through mental health education and the arts to enhance community connectedness. The Outer East Mental Health Liaison Group are managers from a range of organisations both clinical and community who focus on sharing resources for collaborations that enhance the mental health service systems. One of the key objectives is mental health promotion. A recent survey conducted by SANE investigated the stigma against people with a mental illness and how stigma could be challenged. Respondents suggested that stigma could be reduced by spreading initiatives across the community. Education in schools, workplace and the community was also
highlighted as pertinent to reducing stigma in the community. Considering Community Inclusion the committee developed a project that incorporated participants from across the lifespan. Acknowledging that reducing mental illness stigma is everybody’s business, the project included early childhood, school focused youth service, primary and secondary schools, youth services, parenting programs, psychiatric disability support services and aged and disability services. An eight month project incorporating the creation of 100 silk flags that expressed peoples ideas on mental health and wellbeing. A creative arts process was adopted to facilitate the notion of education through mental health awareness and individual expression of ideas. The project culminated in a community walk that attracted approximately 500 members of the community. This project has continued its life with exhibitions across Victoria including The National Mental Health Conference in 2007. The outcome evaluation of the project demonstrated people had an increased understanding of mental health and mental illness and a reduction in stigma, consequently changing community attitudes towards people with a mental illness. In addition the evaluation suggested that participants welcomed an event that bought together a diverse range of the community. The project further contributed to service enhancement through building relationships and networks across the region enhancing further service options for people in the community. In 2007 the project has been commissioned to document the process of the project through a publication to be launched in mental health week. Learning Objectives1:The presenters will highlight the process in developing a marketable and creative project that can entice community participation and connectedness. 2.People affected by mental illness are often disempowered by stigma, the presenters will discuss the importance of accessing key stakeholders to pool resources to enable a project to have a powerful influence on community attitudes. References:Hocking, B. Reducing mental illness stigma and discrimination – everybody’s business MJA 2003 178 (9).SANE Guide to fighting stigma. Melbourne SANE Australia 2002.Hayward, P & Bright, J.A. Stigma and mental illness: A review and critique. Journal of Mental health, 6 1997.

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: In the post Freudian haze:Making the transition from individual to family based treatments”. A rural Carer Consultant’s experience.
Jackie Crowe
During the last century families in Australia had little participation in the care and treatment of their family member, were often pathologised as deficient or dysfunctional, viewed as part of the disorder, and perceived as irrelevant to the recovery of the consumer. Changes affecting the Human and Legal rights of people who have mental disorders have led to changes in the directions of Australian federal and state policies to include families and carers. As well, research clearly indicates that involving families in treatments has been continually demonstrated to reduce relapse rates and facilitate recovery of persons who have mental disorder. This paper describes a rural carer consultant’s experience of working with an Australian public mental health service. It will describe how that service is continually striving to become a contemporary, evidenced based, family inclusive service, where families being recognized and accepted as bringing knowledge and experience to the treatment process and viewed as an essential part of the health outcome for the person with the disorder. The paper depicts lessons learned in recent years in terms of focusing on collaboration with families and building on their strengths and resources in the quest to change from individual to family based treatments.1. (Family interventions for mental disorders: efficacy and effectiveness IAN R.H FALLOON, World Psychiatry. 2003 February; 2(1): 20–28). 2. (D. Raune, E. Kuipers, P.E. ebbington. (2004).Expressed emotion at first-episode psychosis: investigating a carer
Learning objectives: 1. Families need to be able to access effective mental health education and information at the beginning and during the ongoing processes of treatment in order to be informed about their caring role. 2. In times of challenge in the mental health field there is much to be gained by exploring new ways of communicating, developing strategies, building quality family inclusive services and importantly, challenging out dated beliefs and cultural practices regarding family participation in the treatment of mental disorders.

S11 Snapshots
5/09/2007 From: 1130 To: 1300 Venue: Bellarine 1
Snapshots - Brief Papers 10 minutes: Are We There Yet? Are We There Yet? Responding to children and families affected by parental mental illness in Australia.

Paola Mason  Elizabeth Fudge

Most of us will have heard this call from a child during a long journey. This presentation aims to answer that question made by the children and families in Australia affected by a parent's mental health problems. We explore how and if mental health services have responded to the call for improvements in services to these children and families -a call that was clearly articulated on the children's behalf by Burdekin and his colleagues in 1993 and more recently by AICAFMHA in 2004.

The presentation will focus on the approaches that have assisted positive change by mental health services for these children and families in a range of states and regions in Australia: placing parenting within the recovery framework, utilizing a prevention, promotion and early intervention approach, collaborating and learning with colleagues in other fields, and forming partnerships with families. It will also explore some of the barriers to much needed change. In addition, information will be provided about the national COPMI (Children of Parents with a Mental Illness) initiative as it enters a new phase; one in which consumers and carers (including young people) are supported to participate more fully in the program. As two of the many adults on this journey with the children, our answer to their question from the back seat is still 'No not quite there yet', but we continue to see some signs of hope that we can share with them and with those who work with them. ‘A sense of hope’ is what many children and families seek.

Learning objectives: The audience will gain insight into progress made, current initiatives and barriers to change over the last 6 years in Australia with regard to addressing the needs of children of parents with a mental illness and their families. 2. The presentation will focus on the approaches that have assisted positive change by mental health services for these children and families: parenting within a recovery framework; utilizing a prevention, promotion and early intervention approach; collaborating and learning with colleagues in other fields; and forming partnerships with families. References: AICAFMHA (2004). Principles and Actions for Services and People Working With Children of Parents With a Mental Illness. Stepney, SA, Australian Infant Child Adolescent and Family Mental Health Association Ltd. Burdekin, B., Guilfoyle, M. and Hall, D. (1993) Human Rights and Mental Illness; Report of the National Inquiry into the Human Rights of People with Mental Illness. Chapter 16 Children of Parents with a Mental illness and Related Recommendations. Human Rights and Equal Opportunities Commission; Canberra, p493-504 and 927-928
Snapshots - Brief Papers 10 minutes: Promoting Family and Carer Inclusive Mental Health Practice: An Innovative State-wide Program in New South Wales.

Sarah Joy Michelle Lampis Angela Milce Joanne Millington

This paper will inform conference participants of an innovative, state-wide family and carer mental health program that is currently being implemented in New South Wales. It will begin with a brief overview of the NSW Family and Carer Mental Health Program and will proceed to discuss the program aims and partnership model. Program aims include improving family and carer coping, knowledge, wellbeing and relationships and improving responsiveness within mental health services to carers and families. As such, Area Health Services and Non-Government (NGO) partners are seeking to embark upon broad systemic change in how mental health services engage and respond to the needs and interest of families and carers of those with mental illness. The paper will proceed to focus on how the non-government partners of this program are seeking to manage the attitudinal and cultural shifts required to develop and implement this dynamic program. As such, the paper will elucidate how the four non-government partners are concurrently managing area-wide program implementation whilst ensuring state-wide consistency and innovation. Opportunities and challenges to these concurrent processes will be reflected upon, such as cross-fertilisation of creative ideas, enhanced use of resources, bridging the gap between funding boundaries and barriers and developing innovative communication pathways which allow for cross-area referrals and enhanced information dissemination to families and carers in the NSW community. Case studies will be used to highlight the challenges and the gains thus far and will elucidate future directions for the non-government partners embarking on this journey together. Learning Objectives: 1. Conference participants will learn about the process of establishing a state-wide, non-government partnership that seeks to manage concurrent local program implementation whilst ensuring state-wide consistency and innovation. Practical examples will be used to illuminate the importance of managing these concurrent processes to ensure service excellence and equity to carers and consumers across different communities in New South Wales. 2. Education, training and support are well-documented to the empowerment of families and carers and improved recovery and health outcomes for consumers. This paper practically demonstrates that innovative partnerships result not only in improved responsiveness and cost-effectiveness of services but also tangibly empowers service providers, carers and consumers to work together on the journey toward best practice and service excellence in building family inclusive mental health systems. References: 1. Pagnini, D. (March 2006). Carers NSW Carers Mental Health Project (Stage 1): Final Evaluation Report, August 2001 - June 2004. 2. Pagnini, D. (March 2005). Carers NSW Carers Mental Health Project - Carer Life Course Framework: an Evidence-Based Approach to Effective Carer Education and Support.

Snapshots - Brief Papers 10 minutes: Lessons from a Carer’s Journey.

Robert Stanley Burke Judy Charlotte Burke

This paper, written by the parents of a woman with schizo-affective disorder, describes the latest decade of their joint journey of discovery regarding the illness. It spells out the degrees to which they, the Mental Health System and the community manage this person's illness, and defines lessons which each element of the system needs to learn in order to begin moving towards an excellent standard of management. The experiences and lessons [which relate to the environment in South Australia] are categorised under several headings, including:- Clinical support availability and quality of professional psychiatric services; Non-clinical support -
availability and quality of services provided by the non-government sector; Community attitudes - effects of stigma, and the use and misuse of the privacy laws; The broader Mental Health System, especially regarding its level of integration and ease of navigation; Psychosis -- preventive and post-psychosis attitudes and services; The court system, and how it relates to the mentally ill defendant; The carer's role and responsibilities, and acceptance of these by others in the system. This paper identifies strengths and weaknesses in all elements of the system, by focusing on the actual and potential impact on the individual consumer and carer.

**S12 Creative Arts**  
5/09/2007 From: 1130 To: 1300 Venue: Otway 2  
**Paper 20 Minutes:** The Opening Doors Project: creative expression as a health promotion activity.  
**Judy Hamann**  
This paper is a work in progress describing the development of the Opening Doors project, a project developing and running creative expression activities in three of programs of the Richmond Fellowship of Victoria. The activities range from the design and making of an ornate gate, a visual arts/music activity and a range of craft activities. Two of the programs are residential programs while the third is a program for people with dual disabilities. The presentation will focus on the antecedents of the project and the development of the project brief, highlighting the commonalities and differences between program types. We will discuss the benefits and issues involved in working with non health partners, such as TAFEs and local art galleries and community artists. We will present participant outcomes to date, with a particular focus on participant involvement in the development of the each of the three projects. We will examine the effects of an approach to creative expression that has a significant health promotion approach and discuss this in relation to recovery.

**S13 Jobs**  
5/09/2007 From: 1130 To: 1300 Venue: Otway 1  
**Paper 20 Minutes:** Jobnet: Active steps for job seekers.  
**Gemma Bell   Marion Allen-Gordon**  
The Jobnet group is an innovative project which was created from an identified need for additional multidisciplinary support for job seeking clients. It was developed as a facility supplementary to individual contacts with Supported Employment Consultants, to help clients maintain a high level of motivation towards job attainment. Launched in May 2006, Jobnet is a weekly 1 ½ hour open group facilitated by a rotating team of 3 specialists (Supported Employment Consultants, Occupational Therapists & Peer Support). Jobnet is open to people with an experience of mental illness, who are either actively job seeking or in the pre-contemplative or contemplative stages. Sessions incorporate scheduled presentations & activities on a variety of topics, and assisted job seeking via newspapers and/or internet facility. Monthly programmes are developed from client’s feedback and requested topics. Jobnet has had evident success in the employment service as indicated by ongoing client feedback, attendance records, and people who attained employment. Advantages for the wider mental health community are a transferable programme, the components of which can be applied to other mental health specialist services, and a development of a new self awareness tool based on W.R.A.P, which is currently being trialed in NZ with U.S interest. Learning objectives: 1. To learn about a new programme which enhances confidence & wellbeing in a group setting whilst assisting people experiencing mental illness to enter mainstream employment. 2. To explore a multidisciplinary team approach (supplementary to a Supported Employment service) to employment skills development for those who experience a mental illness, seeking employment.

The vision for excellence in Mental Health Care Services in 2020 is a service that has many strategies for development and empowerment of participants, staff, community and the sector. One strategy, of the many, developed at Mental Illness Fellowship Victoria, is the mentoring of participants who volunteer. Volunteers at Mental Illness Fellowship Victoria are viewed as valuable staff members who make a tangible contribution to the organisation. Mental Illness Fellowship Victoria recognizes the capabilities of participant volunteers and endeavors to match these with volunteer positions (Volunteering Australia). The volunteer is matched with a mentor or buddy co-worker in the relevant work area. The volunteer works alongside paid staff and becomes part of the team. This opportunity enables volunteers and staff to learn from each other. The organization gains an in-depth knowledge of the experience of people with a mental illness, both socially and in the workplace. This arrangement benefits both the organization and the participant. The capacity of Mental Illness Fellowship Victoria is enhanced as our knowledge is incorporated into our employment and support programs. The participant gains confidence, experience, work skills and the opportunity to test their capabilities in a safe environment whilst making a valuable contribution. The volunteer also has the opportunity to have their skills accredited (National Volunteer Skill Centre, 2002) further enhancing the volunteering opportunity as a pathway to employment. This program breaks down the barriers between service providers and participants by working and learning together to enhance the quality of service. Learning Objectives: 1: The audience will learn how participant volunteers and staff together have a positive impact on the improvement of services for people with a mental illness. 2: The topic is relevant to mental health services and issues in that it models an alternative relationship between service providers and participants.

S13 Jobs
5/09/2007 From: 1130 To: 1300 Venue: Otway 1
Paper 20 Minutes: Career Access: Cross Skilling (9841) - A Partnership between SWMHS & Western Sydney Institute of TAFE NSW to assist mental health consumers pursue their vocational goals.
Sue Mallick   Jean McGuiness   Penny Plumbe
Increased attention in the literature and other sources has been focused on the entry or return to the workforce for people with a mental illness. The government has also targeted the skilling of the workforce in general. The Career Access Cross Skilling course was an initiative of OTs of SWMHS (East) and the Head Teacher/Consultant Psychiatric Disabilities at WSI of TAFE NSW in response to this in 2006. It was designed to provide opportunities for mental health service consumers to access an accredited TAFE course; to provide an introduction and "taster" of various industries; to assist participants in identifying future career paths, study options; and supports to help them achieve their individual study goals. It includes a variety of industry modules as well as modules aimed at improving students' social, educational and work communication, study skills and self-regulated learning skills. This paper will present a brief outline of the course content; the pitfalls encountered and how they were overcome; the lessons learnt which have been incorporated into the 2007 course; the positive results achieved by the consumers; and the positive outcomes for the TAFE and Mental Health Service staff. Learning Objectives: 1: An
increased awareness of the advantages and disadvantages of tailoring a TAFE course to mental health consumer needs and the criteria that can be used for inclusion of consumers in such a course. 2. An increased awareness of the issues that may arise for mental health service consumers, for TAFE staff, and for mental health service staff when providing a Career Access Cross Skilling course.


**S14 Social inclusion and community**

5/09/2007  From: 1400 To: 1500  Venue: John Batman Theatre

**Paper 20 Minutes:** Mental Health and Social Inclusion: A Concept Mapping Exercise.

Peter Huxley  Sherrill Evans

Mental health service users are among the most socially excluded of all groups. A major aim of services should be to promote social inclusion, but how is inclusion to be defined? This paper aims to report on a concept mapping exercise undertaken with 9 different groups including mental health service users, professionals, lay people, students and mixed groups. More than 60 people participated and they made over 400 statements about what social inclusion meant to them. We will describe the concept mapping techniques and the results of the exercise, compare the concept maps, and discuss the findings in the context of the current evidence base, and the implications for the development of an instrument to measure inclusion improvements.

Learning Objectives: 1. the audience will gain an appreciation of how different groups in society conceptualise social inclusion for people with mental health problems, and how concept mapping can be used in this context. 2. the topic is highly relevant because mental health service users are among the most excluded groups in society and services need to understand how to assess and measure inclusion improvements.


**S14 Social inclusion and community**

5/09/2007  From: 1400 To: 1500  Venue: John Batman Theatre

**Paper 20 Minutes:** What is a mental health community and why is this important to service delivery

Douglas Holmes  Alan Rosen

This workshop will explore characteristics of a Community and how to evaluate the strengths of a community, both qualitatively and quantitatively using social action tools. We will invite participants to explore how these methods could be applied in their own mental health community, to monitor for cohesiveness, purpose, legitimacy, social inclusiveness, active membership and bridging capital, social networks and outcomes which change lives for the better. We will invite participants to foster dialogue and collaboration among participants in their own communities, to create a network or community aided by mutual understanding of culture, priorities and opportunities for design innovation and come back to Auckland TheMHS conference.

Learning Objectives: 1. Participants will be able to use a repertoire of social action tools to ascertain the worth of any community and in particular a mental health community. 2. Participants will learn to appreciate the importance of social capital, social action and/or social justice concepts and to be able to develop and sustain a healing, recovery-oriented mental health community.

References: Webb, A, Social
S15 Journeys to recovery
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 7
Paper 20 Minutes: The Homeless Health Outreach Team
Julie Evans
This presentation will demonstrate how cooperation between all organisations working with the homeless population in Brisbane has strengthened the service provided to complex clients with mental health and drug and alcohol issues. This Homeless Health Outreach Team (HHOT) commenced in March 2006. It is part of the Queensland Government Response to Homelessness and is the first of the five teams to begin. This team has an outreach model and provides mental health and drug and alcohol services to various homeless organisations within 5kms of the Brisbane City Hall. This team works closely with the homeless organisation and as each of these organisations have a different model of service delivery HHOT has had to develop a different and flexible approach to providing a service for each of them. The consistent theme is one of collaboration and working together to provide the best outcome for the client. It is recognised that the relationship between the services and an understanding of the roles that each plays is crucial to ensuring that this approach works. This presentation will show that by providing a flexible coordinated, collaborative service this complex, marginalised group can achieve the best possible outcome. Learning objectives: 1. An understanding of the services available to Homeless people in Brisbane and how they all work together 2. Gives an example of how Mental Health Services can be delivered in an innovative way in a naturalistic environment.

S15 Journeys to recovery
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 7
Paper 20 Minutes: Practical, effective and creative approaches in psychosocial residential settings for individuals diagnosed with Borderline Personality Disorder (BPD) or displaying BPD traits - A personal journey of recovery.
Lizzie Cutler Kyli Miller
Nette Court is a psychosocial rehabilitation service that provides a program to youth between the ages of 16 - 24. This is the personal journey of a young girl who arrived in the program at the age of 15 in 2005. During her first meeting at the program she continually stated that she wanted ‘to be dead or a nurse’. On that day the staff decided to take a chance and focus on the positive they set out on a journey developing a management plan that would enable her to live and not just be kept alive. Two years on; this is her story, this is her journey of recovery from a hopeless bpd case to a year 12 student striving to gain marks that will allow her to obtain her goals of attending university. The effectiveness of the management plan that was implemented for this young woman brought with it change that was not considered possible. It provided guidance and structure to her and the professionals involved in her care. It was a creative approach that required risk and commitment from all relevant parties involved. This story is a clear demonstration that the mental health service system can effectively and proactively treat the presenting symptoms of BPD and assist in the provision of an improved quality of life to consumers. Learning Objectives: The treatment of individuals with BPD or displaying BPD traits can be effective; this is a pragmatic, yet unconventional approach that has proven to be
The development and implementation of management plans can provide empowerment to the consumer and assist in the recovery process. The perspective of a consumer as she talks about her presentations, symptoms and in-turn the treatments that were ultimately successful and have allowed her to alter the direction of her life. The prevalence of individuals diagnosed with BPD or displaying BPD traits has increased with the mental health sector over the past years. When the service system works in a collaborative and holistically manner consumers can benefit from an improved quality of care and better outcomes are ultimately achieved. It is a common misconception that individuals with a diagnosis of BPD are often not helped by the service system, however when the strengths of an individual as focused on change can occur.

S16 Supported housing  
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 6  
Paper 20 Minutes: Supported housing: the Australian and International evidence.  
Kathy Arthurson Penny Worland Helen Cameron  
Housing makes an important contribution to quality of life, social inclusion and recovery from mental illness. The contemporary context of continuing deinstitutionalisation requires new responses to the housing needs of people with psychiatric disability. Since the 1990s supported housing has been promoted as the housing model that best meets consumer preferences and promotes wellbeing. Does a decade of research on supported housing justify promotion of this model of housing? This paper will explore the international and Australian evidence on supported housing, investigating what works best and why, benefits to consumers, trends and issues in supported housing and areas where further research is needed. Learning Objectives: 1. Participants will gain an understanding of the principles of supported housing and current practices in supported housing. 2. Participants will gain an understanding of the role of housing in recovery and evidence based housing policy. References: Bostock, L. and Gleeson, B. (2004) Contested Housing Landscapes? Social Inclusion, Deinstitutionalisation and Housing Policy in Australia Australian Journal of Social Issues 39(1): 41-62. Warren, R. and Bell, P. (2000) An exploratory investigation into the housing preferences of consumers of mental health services Australian and New Zealand Journal of Mental Health Nursing 9: 195-202.

S16 Supported housing  
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 6  
Paper 20 Minutes: Where to From Here in Supported Housing?  
Geoffrey Paul Smith Theresa Maureen Williams  
The Independent Living Program (ILP) in Western Australia was established in 1995 as a joint initiative between the Department of Housing and Works (DHW) and the Department of Health (DoH) to assist people with mental illness and disability to live independently in the community. The ILP, which is based on the 'Supported Housing' model, gives people with a psychiatric disability access to stable, affordable housing provided through DHW. The DoH funds Non-Government Organizations for the provision of both supportive landlord and psychosocial support services for residents. This paper briefly describes a Review of the ILP program, outlining the approach that was adopted and identifying some of the key issues that emerged. It looks at the philosophy and principles that underpin this model and uses the outcomes from this review and the experience from other Australian and international programs to foster debate on some of the key future policy directions for Supported Housing programs. The paper will examine the evidence base for Supported Housing, identifying some of the gaps in our knowledge that remain and proposing steps that need to be taken to continue to add to the knowledge base. Learning Objectives: 1: An understanding of contemporary practice in the provision of Supported Housing in Australia, the
Stable, affordable housing with psychosocial support is an important element in consumer recovery and has been found to reduce homelessness and the use of inpatient services. Learning Objectives: 1. An understanding of contemporary practice in the provision of Supported Housing in Australia, the evidence-base underpinning this model and the options for future development. 2. Stable, affordable housing with psychosocial support is an important element in consumer recovery and has been found to reduce homelessness and the use of inpatient services. References: Rog, D. J. (2004). The Evidence on Supported Housing. Psychiatric Rehabilitation Journal, 27(4), 334-344. Muir, K., Dadich, A., Abello, D., Bleasdale, M., Morris, A. & Fisher, K. R. (2006), Housing and Accommodation Support Initiative: Report II, report prepared for the NSW Department of Health, December 2005, SPRC Report Series 10/06.

S17 Boardroom to bedside
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 5
Workshop 1 Hr: Taking strategic and service plans from the boardroom to the bedside.
Natalie Cutler  Michelle Bradley  Karen Patterson
Aim of workshop: To demonstrate the structure and content of a series of workshops designed to increase mental health managers' capacity to lead the way in workforce planning for their teams. Learning Objectives: 1. Participants will learn about the rationale for and outcome of this series of workshops. Participants will also gain an experiential understanding of the workshops and have an opportunity to feed back on the strengths and limitations of this approach. 2. As a result of exponential service growth in mental health, it is timely that mental health team managers are targeted for strategies that can increase their influence over workforce outcomes. Mental Health services are undergoing a period of accelerated growth in line with increased National and State government funding priorities. The growth in existing services and the development of new services places significant pressure on an already challenged workforce system. Mental Health team managers have a key role in meeting current and future workforce targets. In particular, the team manager role must balance the requirements of strategic plans with clinical service delivery on a daily basis. As a result, it is critical that team managers are kept up to date with service developments and are supported in providing leadership in order to meet workforce targets. In 2006, senior nurses from the NSW Health Nursing and Midwifery Office and South Eastern Sydney and Illawarra Area Health Service (SESIAHS) designed and facilitated a series of workshops for mental health team managers aimed at: Increasing awareness of State and local Mental Health service plans. Facilitating discussion of the workforce implications of these plans. Raising awareness of current and pending State and local workforce initiatives. Involving team managers in discussion about the challenges and opportunities inherent in engaging their teams in meeting workforce targets. In the TheMHS workshop, the facilitators will share their experience in planning, implementing and evaluating a workshop series for nursing managers and supporting these managers to be workforce leaders. The workshop methods will be simulated and will form the basis for facilitated reflection on the strengths and limitations of this approach for building the leadership capacity of the mental health team managers. In this workshop the facilitators will share what has worked for them when ‘illuminating’ a plan beyond the board room. How do you keep it real, keeping the integrity of the message, whilst making it simple, reachable and relevant to all? The workshop will demonstrate a person-centred approach to communicating policy and service plans. This approach seeks to understand the values, priorities and concerns of the individuals, fostering generosity. A selection of facilitation strategies will be modeled during the workshop. Enabling opportunities for workshop participants to experience and develop their
facilitation skills. In their professional roles as the Principal Advisor, Mental Health Nursing, Nursing and Midwifery Office, NSW Health; the Clinical Manager Nursing, Area Mental Health, SESIAHS; and the Area Manager Clinical Practice Development and Education, Area Nursing and Midwifery Services SESIAHS, the facilitators will each bring different knowledge and experience to the workshop. The workshop participants will have the opportunity to nominate themselves to be a resource for this group and to use this group as a resource for taking these strategies back to their workplace. References: NSW: A new direction for Mental Health. http://www.health.nsw.gov.au/pubs/2006/pdf/mental_health.pdf. National Health Workforce Action Plan. http://www.health.nsw.gov.au/amwac/pdf/NHW_action_plan.pdf.

S18 Families, Spirituality, Mental Health  
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 4  
Workshop 1 Hr: Families, spirituality and mental health - Learning from Experience.  
Robert Bland  Peter Ryan  Keryall Willis  
For the last four years, ARAFMI Launceston, the Emmanuel Centre, and Robert Bland at the University of Tasmania have worked together to present an annual one day workshop on spirituality and mental health. We have invited families, consumers and mental health workers to come together to explore aspects of spirituality in diverse areas such as hope, forgiveness, and risk taking. The workshops have been a nurturing experience for participants, emphasizing mutuality and sharing. The focus for this sharing is not our mental illness but our spiritual journeys. We have used stories and music as a framework for engaging participants around the key workshop themes. This workshop will report on the Launceston experience over these three years, presenting the perspectives of the three contributing groups, and identifying the key outcomes and learnings derived from the experience. These outcomes include the power of stories to engage and challenge participants, the importance of making welcoming spaces, and the shared experience of spiritual journeys. We will then invite workshop participants to discuss ways in which they might apply our learnings to their personal contexts. We will ask, ‘Can you make a safe space for reflection on spiritual matters within a mental health context?’ Learning objectives: 1. Participants will learn one model for engaging with issues of spirituality in the mental health, and some practical suggestions for applying our ideas in their personal contexts. 2. The workshop will locate spirituality as a central theme in the experience of mental illness - for consumers, families and workers. References: (1) Roland Rolheiser ‘Seeking Spirituality’ Hodder & Stoughton 1998 (2) Len Sperry ‘Spirituality in Clinical Practice’ Psychology Press 2001

S19 Depression  
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 3  
Symposium 1 Hr: Integrating depression management with chronic disease management.  
David Clarke  James Dunbar  Lisa Allwell  Donita Baird  Prasuna Reddy  Robert Williams  
It is common for individuals suffering from a chronic illness to experience co-morbid depression. Recent reviews report prevalences of depression in stroke survivors of around 33%; in patients with cardiovascular disease of between 18% and 60%; in patients with musculoskeletal pain of 38-46%. Whilst chronic illness is a risk factor for depression, it is also true that depression is a risk factor for physical illnesses such as diabetes, heart disease, and stroke. There is some data to help explains the link, although clearly the story is incomplete. Co-morbid depression adversely influences the course of chronic illnesses, increasing morbidity and mortality. This may be explained by physiological changes associated with depression. Depressed patients
may also be less careful in monitoring their disease or adhering to treatment regimes, thus hindering effective medical treatment. Because of this, chronic illness combined with depression and/or social isolation presents a complexity of problems that require a reciprocally complex management strategy one that will require interdisciplinary care across primary, secondary and tertiary levels of the health system. This symposium will: review the evidence describing the complex co-morbidity of depression in the physically ill; present models of disease management and depression management that can be integrated into a unified programme of care; describe a number of examples of such integrated care. Discussion will be around issues of the challenges, feasibility and effectiveness of such programmes, and the structural changes that might be required to successfully implement them. References: Engum, A., (2007) The role of depression and anxiety in onset of diabetes in a large population-based study, Journal of psychosomatic research, 62, 1. Kroenke, K., Spitzer, R.L. & Williams J.B., Linzner, M., Hahn, S.R., deDruy, F.D., & Brody, D. (1994) Physical symptoms in primary care. Predictors of psychiatric disorders and functional impairment. Archives of Family Medicine, 3, 774-779. Hackett, M.L., Anderson, C.S., & House, A.O., (2005) Management of depression after stroke: A systematic Review of Pharmacological Therapies. Stroke, 36; 1092. Von Korff, M. & Tiemans, B. (2000). Individualised stepped care of chronic illness. Western Journal of Medicine 172, 133-137.

S20 Working effectively with interpreters
5/09/2007 From: 1400 To: 1500 Venue: Bellarine 2
Workshop 1 Hr: Achieving excellence in mental health service provision for consumers and carers whose first language is NOT English - Working Effectively With Interpreters in Mental Health Settings' A DVD training resource.

Marie Piu Tania Miletic Harry Minas Sylvia Collinetti
In 2006 the Mental Health Branch of the Department of Human Services, Victoria and the Victorian Office of Multicultural Affairs, jointly funded the VTPU to develop a DVD training resource entitled 'Working Effectively with Interpreters in Mental Health Settings'. It has been designed to assist staff in Area Mental Health and Psychiatric Disability and Rehabilitation Support services. This workshop will demonstrate how staff in mental health services can use the DVD resource developed by the VTPU. It will explore how the DVD can be used: As part of the induction process of all new mental health sector staff. For self-directed learning by staff unable to participate in a face-to-face training session. As a professional development tool in rural or remote mental health settings or where it is not possible to arrange on site training with VTPU trainers and professional interpreters. Learning Objectives: 1 - What will people in the audience gain or learn from attending this presentation? The audience will receive: an overview of the DVD resource an opportunity to participate in a professional development session demonstrating how to use the DVD in conjunction with written guidelines an opportunity to engage in discussion with the developers of the DVD. Learning Objective 2 - How is this topic/issue relevant to mental health services and mental health issues? Research in Victoria has shown that people born in non-English speaking countries have lower rates of access to mental health services, higher rates of involuntary inpatient admissions, and longer lengths of stay in psychiatric inpatient units. Clinicians also report difficulty in engaging with consumers and carers originally from non-English speaking countries due to linguistic and cultural boundaries. The Cultural diversity plan for Victoria's specialist mental health services (2006) highlights the need to develop 'culturally competent' workforces and service delivery approaches, which includes the appropriate use of language services. This workshop will demonstrate a training resource developed specifically for the mental health sector to assist staff in understanding how to work effectively with professional interpreters resulting in better clinical outcomes for
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Clinicians and clients. References: Working Effectively With Interpreters in Mental Health Settings (DVD). Victorian Transcultural Psychiatry Unit, August 2006. Guidelines for Working Effectively With Interpreters in Mental Health Settings Victorian Transcultural Psychiatry Unit, 2006. Cultural diversity plan for Victoria's specialist mental health services. Metropolitan Health and Aged Care Services Division Victorian Department of Human Services, 2006. Improving the Quality of Mental Health Interpreting. Ms Tania Miletic, Ms Marie Piu, A/Prof Harry Minas, Dr Yvonne Stolk, A/Prof Steven Klimidis, Ms Malina Stankovska, Ms Diane Gabb, Victorian Transcultural Psychiatry Unit (VTGU), The Victorian Office of Multicultural Affairs (VOMA) and the Department of Human Services (DHS) have jointly funded the VTPU to conduct work towards improving the quality of interpreting in mental health services in Victoria. This paper will report the findings of the first two components of a three-phase project that addresses both interpreter training needs for work in mental health settings and training materials for mental health workers on working effectively with interpreters in mental health settings. The presentation will describe research findings into the training and professional development activities needed to prepare and support interpreters for work in mental health settings.

The rate of tobacco smoking amongst people with mental illness is extremely high and many consumers are concerned about the impact tobacco use has on their health and quality of life. Many smokers with mental illness and mental health workers want to address tobacco however the lack of clear and consistent policies within services makes it more difficult and demonstrates the complexity of developing fair and efficient policies. The environment within services can place consumers, workers and others at risk of exposure to passive smoke. Consumers and workers have also reported that they have taken up or increased their smoking while within the services. These environmental factors also make it more difficult for smokers to quit or cut back their smoking. Tobacco has long been a significant part of the ‘culture’ of mental health services and considered by many, to be ‘too hard’ to change. Many general health services have introduced significant tobacco policy change but often there are exceptions for the mental health unit because of the added complexities. People living with mental illness, family members and workers have raised concerns about unsafe smoking practices within services. Comments from people with mental illness, carers and workers which raise concerns and need to drive change: - I had given up smoking for about 6 months and then I was admitted to Hospital. I had come from the country and I didn’t know anyone and all the other patients were sitting around smoking. I was unwell and lonely and I wanted to be with people and so I sat with the others and they offered me a smoke and now I’m back smoking. Person with MI. My daughter was admitted for the first time with psychosis and when I visited her she was sitting with all the other people in the smoking area. She wanted to be with others but I was really worried she would take up smoking. She didn’t thank goodness but if she had she would not only have a psychotic illness she would also have an addiction that would probably kill her and use up most of her weekly dollars. Carer I haven’t smoked for over 2 years, I used to be a heavy smoker and it was really difficult to quit. I’m being transferred next week to the closed unit where I will have to give out smokes, sit with people while they smoke, roll cigarettes. I am really worried that I will end up smoking again. Nurse I do a lot of my work in people’s own homes and often I have to be in a smoky environment. I feel uncomfortable asking people not to smoke when I am in their home. Community MH Worker I don’t like going to TAFE because you can’t smoke there, I’d rather just come to the drop-in centre. Person with MI. Under the Occupational Health and Safety laws, services need to ensure clients, workers and others are provided with a safe and healthy environment. Addressing tobacco policies within mental health services presents many challenges. This workshop will provide an opportunity to explore the complex issues, and identify the principles and strategies that can help us move forward. Workshop Plan: Introduction 10 mins. What do people with mental illness, carers and workers tell us about the problem? - small groups to undertake a hypothetical using real comments from people with mental illness, carers and workers. 20 mins. What principles and strategies can help us move forward? Small groups to consider options and identify principles and positive strategies 20 mins Sum up and evaluation 10 mins. Learning Objectives: 1. This workshop will provide an opportunity to explore the complex issues, and identify the principles and strategies that can help us to move forward. 2. Many people with mental illness and workers want to address tobacco; however the lack of clear policies makes it more difficult and indicates how complex this issue is within our services. References: Lawn, S.J., 2001, Systemic Barriers to Quitting Smoking among Institutionalised Public Mental Health Service Populations. Ph D Thesis, Flinders University of South Australia, Adelaide, South Australia. El-Guebaly N., Cathcart J., Currie S., Brown D., Gloster S., 2002 Public Health and therapeutic aspects of smoking bans in mental health services.

S22 Recovery  
5/09/2007 From: 1400 To: 1500 Venue: Otway 2  
Symposium 1 Hr: Recovery: - the consumers concept.  
Peter Schaecken  Janet Meagher  Desley Casey

Aim: - To share recovery processes and practicalities from an informed consumer perspective. This symposium will explore concepts and models of Recovery at systemic and individual levels. It will discuss what it is and what processes are involved and compare some different models.  
Background: For an individual the process of recovering isn’t about the absence of symptoms but about adaptation which will involve acceptance and refining techniques to assist one to meet the challenges of mental illness, the transformation of one’s life and the achievement of life goals regardless of symptoms. Recovery can involve going two steps forward and one-step back or, sometimes, vice-versa. However, for the individual, making consistent progress can, even if this appears “small”, lead to positive life changes that facilitate the maintenance of optimum “wellness”. The presenters all have extensive experience in the consumer movement for many years, each being former members of the NSW Consumer Advisory Group and working in mental health services or the NGO sector and in local, state, national and international mental health involvements. The presentations will cover concepts of recovery, address some of the myths surrounding this contentious topic, look and compare some of the many recovery models and attempt to determine who’s in the driving seat of recovery processes and journeys. Questions such as; Whose life is it anyway?; What are the practicalities of recovery?; Is peer support all that its cracked up to be?; Do consumers have to undergo specific skills development in order to be able to say they are progressing along a recovery journey; Or, is this simply a myth perpetuated by mental health service providers to retain ownership over consumers and their mental illness and maintain the medical model?; Can mental health services play an invaluable role in enabling consumers to recover? Or, should recovery services remain in the hands of consumers?; How do the core concepts of recovery from a consumers’ perspective clash with the medicalising of recovery by mental health service directors and providers?; What is the role of hope in the recovery journey? They will outline their vision for what genuine recovery oriented mental health services may look like and what this might practically mean in the provision of service to mental health consumers. Discussion of various recovery models and resources (i.e. WRAP [Wellness Recovery Action Plan], Pathways to Recovery, Experience of Recovery etc.) will inform participants of available evidence based practice and how understanding and participation in recovery programs can play a major role in assisting consumers to attain quality of life, maintain wellbeing and make informed choices and decisions relevant to their lifestyle.  
S23 Interventions for babies and mothers  
5/09/2007 From: 1400 To: 1500 Venue: Otway 1  
Paper 20 Minutes: Building a mentally healthy society where we aim for attainment of the highest possible level of mental health for all people. How will we work together to achieve this vision through promotion, prevention and positive intervention?  
Chryne Griffiths  
The Aboriginal parenting program. There is a growing recognition that the trajectory to success, both in school and in later life, begins in the early years. What happens during pregnancy and the first three years of life can lay the foundation for becoming a productive, contributing member of society, or it can lay the foundation for intergenerational cycles of abuse, neglect, violence, dysfunction, and mental illness. Many of these problems can be prevented if social-emotional development during infancy and early childhood is understood and fostered, and if we have programs and services that support children and their families. Factors, which put children at risk for a mental disorder, include violence, intense marital discord, maternal psychiatric disorder, poverty, abuse, and neglect. If these at-risk children can be identified early, intervention and support can lead to better outcomes in terms of the emotional well being of the child. It proposed that the Aboriginal parenting programs are delivered in a camp setting, this ensures that we are ‘holding’ the parents and allows the facilitators a space to observe parent to parent interaction and parent to infant interaction in a non-threatening environment. While on the camp parents will be offered many therapy sessions, following Circle of Security program guidelines. These camps are a weekend away where Aboriginal parents are given time to reconnect with themselves, each other and their infants/children in a nurturing, safe setting.

S23 Interventions for babies and mothers  
5/09/2007 From: 1400 To: 1500 Venue: Otway 1  
Wendy Bunston Katie Waters  
Commencing in mid 2005 the Peek a Boo Club is a mental health intervention for babies and mothers affected by family violence. Run in Western Metropolitan Melbourne, it is a six session group work intervention (plus an assessment session and re-union) that has been evaluated using Condon and Corkindale's (1998) parent to infant attachment scale. This intervention has caught the imagination of not just the families participating but other professionals keen to run similar interventions. Learning Objectives: 1. To be given an overview of the model of service delivery undertaken in this specialist intervention. 2. To present the outcomes of the evaluation of the program. References: Bunston, W. (2006) The Peek-a-Boo Club: Group Work for infants and mothers affected by family violence., DViRC Quarterly, Edition 1 - Autumn, pp 3-8. Thomson Salo, F. & Paul, C. (2004) The Baby as Subject: New Directions in Infant- Parent Psychotherapy from the Royal Children's Hospital Melbourne., Stonnington Press, Australia.

S24 Future directions - Government  
5/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre  
Symposium: Personal Helpers and Mentors Program.  
Evan Lewis  
The Australian Government announcement of $1.9 billion in new funding for mental health initiatives included $554.7 million for the Commonwealth Department of Families, Community Services and Indigenous Affairs (FaCSIA) to implement community mental health services via the non-government sector. The funding is for $284.8 million over five years for the Personal Helpers and Mentors Program to
assist people with a severe functional limitation resulting from a mental illness to manage their daily activities and access a range of supports; $45.2 million over five years to deliver flexible projects to assist families, children and young people affected by mental illness; and $224.7 million over five years to provide respite places to assist carers of people with a severe mental illness or intellectual disability. The Personal Helpers and Mentors Program will begin in May 2007. This presentation will provide an update on the Personal Helpers and Mentors Program, and will highlight early learning from the demonstration sites. An update on the other FaCSIA measures will also be provided.

S24 Future directions - Government
5/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre
Symposium: New Zealand Mental Health Services Government perspective.
Robyn Shearer
In 2004/05 the New Zealand Government invested $866m in specialist mental health and addiction services and provides an addition $22.2m per annum to continue the implementation of the Mental Health Commission's Blueprint for mental health services. The action plan (Te Kokiri) continues to progress the Blueprint through directly implementing Te Tahuhu - Improving Mental Health - the second national mental health plan. This presentation gives an overview of the ten leading challenges in Te Tahuhu and the actions within Te Kokiri. There is then a focus on one of the leading challenges - a workforce for recovery. The presentation will focus on how we get a workforce that is able to deliver the right knowledge, skills and attitudes to service users and their families in order to provide quality mental health and addiction services. The work on the development of a competencies framework (called Lets Get Real) acknowledges that this is a core requirement of workforce development and will lead to recruitment, retention, and training to ensure quality services are the target. The workforce in mental health and addictions are our ‘tools of the trade’ and therefore an important asset to invest in. The New Zealand Government invests $22m in workforce development per annum. This investment includes psychiatry training, post-entry clinical training, population based programmes (for Māori, child and youth, addictions services) and supports a national approach to workforce development accompanied by local solutions. This presentation will discuss how the investment in workforce is aimed at progressing Te Tahuhu and Te Kokiri by a sustained approach to workforce development and the requirements to get core competencies embedded in services to do this. Learning Objectives:1. The national priorities for mental health in New Zealand - and the action plan associated to implement the mental health strategy over the next ten years2. Workforce development priorities and planning - including discussion on implementation of a competencies framework.

S24 Future directions - Government
5/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre
Rosemary Calder
The Australian Government has a long standing commitment to the area of mental health. This started in 1992 with the commencement of the National Mental Health Strategy which laid the foundation for collaboration between jurisdictions. The Strategy has received worldwide recognition for its vision, direction and strategic approach. This commitment was strengthened in 2006 when the Prime Minister announced $1.9 billion in new additional funding for a mental health reform package to improve services for people with a mental illness, their families and carers. This funding also represents the Australian Government’s contribution to the Council of Australian Governments (COAG) National Action Plan on Mental Health (2006 -
This package complements and strengthens a range of existing programs and initiatives all Governments have been progressing through the National Mental Health Strategy and other state-based strategies and reform agendas. A key factor that will significantly impact on the effectiveness of these reform agendas is the availability of an appropriate workforce to deliver and support key activities. Major shortages exist in the mental health workforce, particularly in nursing, psychiatric nursing, psychiatry and clinical psychology. The Government recognises the need to train more health workers; improve workforce retention; increase efficiency and effectiveness of the health workforce; and improve distribution. Activities are occurring through COAG health workforce and mental health initiatives, private sector training initiatives, clinical training initiatives, and in Governments considering ways to better support and utilise the skills, knowledge and resources that consumers and carers provide as a critical component of an untapped workforce.

Learning Objective: 1. To provide an overview of how the Australian Government is contributing to the national reform of mental health care, including ways of addressing the supply, demand and distribution of the workforce critical to the success of these reforms.

S24 Future directions - Government
5/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre
Symposium: One year on - Progress in implementing the Australian Government's Mental Health Reform agenda.
Nathan Smyth
With the endorsement of the Council of Australian Governments' (COAG) National Action Plan on Mental Health (2006 - 2011) in July 2006, Australia's mental health care system is well into its first year of a significant period of national reform. Of the Australian Government's $1.9 billion contribution to the COAG Plan, the Department of Health and Ageing has responsibility for implementing around $1.2 billion of this contribution through 13 key national initiatives. These initiatives allow for major increases in clinical and health services available in the community; new team work arrangements for psychiatrists, general practitioners, psychologists and mental health nurses; new non-clinical services for people with mental illness, their families and carers; an increase in the mental health workforce; new programs for community awareness; and improving the capacity of workers in Indigenous communities. There are a number of reporting, monitoring and evaluation requirements under the COAG Plan, including six monthly reporting to Senior Officials, annual reporting by Health Ministers to COAG, evaluation of individual initiatives, and an independent five-year evaluation of the entire Plan. The Department is working across Commonwealth agencies and also with States and Territories through joint Commonwealth-State COAG Mental Health Groups to coordinate implementation arrangements and facilitate better integration of services, resulting in a more seamless and connected care system. Learning Objectives: 1. To provide an overview of progress with the Australian Government's mental health reform agenda and COAG National Action Plan on Mental Health (2006 - 2011), including the Australian Government Department of Health and Ageing's progress in implementing key initiatives. 2. To provide an overview of the monitoring, reporting and evaluation requirements under the COAG National Action Plan on Mental Health (2006 - 2011).

S25 Choice and Risk
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 7
Marianne Bonassi Tom Ryan
This presentation will outline a pilot study into the use of advance directives in mental health and discuss the challenges encountered in implementing this pilot. There is
growing interests in the use of Advance Directives (AD) in health care and within
Australia Respecting Choices® was first piloted by Austin Health in 2002-2003. This
model aims to educate clinicians and consumers about AD which are designed to
establish a person's preferences for treatment should the person, in the future,
become incompetent or unable to communicate those preferences to treatment
providers. (Srebnik, Russo, Sage, Peto, & Zick, 2003). These same directives can be
used in mental health care to specify treatment preferences for times when a
consumer of mental health services has a mental health crisis and is unable to
communicate those preferences (Srebnik & Fond, 1999) however there is limited
evidence that these directives are being used to facilitate this in Australia. In light of
this we are currently undertaking an innovative pilot study into the use of advance
directives in mental health. The findings to date appear to support that the role of
advance directives in ensuring connection and collaboration in mental health care is
one that needs to be further fostered on both the part of the people who use mental
health services and the services who strive to respect their wishes. Learning
objectives: 1.Develop an understanding of the pilot program and the role of health
professionals and consumers in such a program. 2.Developing an understanding of
the barriers to connection and collaboration and further explore how these barriers
may be overcome.

S25 Choice and Risk
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 7
Marion Kennedy Craig Parsons
As part of mental health reform, the South Australian and New South Wales health
departments have conducted assessments of consumers living in long stay
institutional care. The aim of this process has been to identify the rehabilitation and
support needs of consumers moving from institutional care to community living. This
presentation explores the conflict that can often arise between the aspirations and
hopes that consumers have for community living and the concerns of carers and
service providers around risk issues..Dignity of risk supports consumers to be self
determining in their accommodation, physical health and other lifestyle choices. Self
determination in these domains can create tensions between service providers -
often with service providers holding the view that consumers have been left to ,'rot in
their rights' or be 'allowed' to make poor choices. Relapse is sometimes viewed as
unsuccessful community tenure rather than part of the recovery continuum.Consumers were clear about their preferences: a significant majority
wanted supported independent accommodation. The identified support and
rehabilitation needs were also consistent, in line with other research. The challenge
for service providers is to embrace supported risk within a recovery paradigm. The
challenge for consumers is to assert their right to take supported risks. Learning
Objectives:1.Dignity of risk promotes consumer self-determination. Risk can be
addressed through a collaborative framework .2.Supported risk is the cornerstone of
transfer to and continued tenure in the community.

S25 Choice and Risk
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 7
Paper 20 Minutes: The Least Restrictive Alternative - is it Too Restrictive?
Judy Clisby Marilyn Starr
The principle of 'the least restrictive alternative' forms the basis of the 1991 UN
Principles for the Protection of People with Mental Illness and for the Improvement of
Mental Health Care, and underpins mental health policy, legislation and practice in
Australia today. Yet there are varying understandings and interpretations of what is
meant by the term 'least restrictive’. It will shown that differences in understandings
can lead to mental health practice that is more restrictive, even though mental health

S26 Consumer Leadership  
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 6  
Leonie Manns  
There is no magic or mystique to leadership, great leaders are not born but are those who are confident and inspire passion and loyalty in others. In the words of former US President Dwight D. Eisenhower ‘You do not lead by hitting people over the head - that's assault, not leadership.’ This is the same in all walks of life, including the mental health consumer movement. Leaders are those who are willing to do even the little things that make the difference and they are the ones who influence others. This symposium will examine the consumer movement's ongoing leadership dilemmas. A number of leading consumers from Australia and New Zealand will lead an interactive session that will discuss issues such as representation, consumer employees, advocacy, mentoring and leadership styles. One of the major issues for this session is the reluctance by both mental health professionals and consumers to even consider the concept of consumer leadership. Because all activists have had similar disadvantages there is a strong desire for egalitarianism but in reality all movements have leaders. The questions to be asked include: Who are the leaders? Are they good ones? And are they the right ones? In keeping with the Conference theme of 2020 Vision the speakers will look back at history and forward to the future. All speakers in the session will be high profile consumers but it is important that this debate is lively as well as considered and thoughtful so a diverse audience will be welcome. Conveners: Leonie Manns and Douglas Holmes

S27 Mental Health Reforms  
Paper 20 Minutes: Asia-Pacific partnerships: Developing community mental health services.  
Margaret Goding  
Implementing community-based mental health care is a challenge for Asian-Pacific countries, just as it is for Australia. St Vincent's Mental Health has been privileged to work in partnership with China, Malaysia, Korea and other Asian nations to further develop their mental health services. Participation in a consortium with The University of Melbourne - Asia Australia Mental Health (AAMH), and in the Post-graduate Overseas Training (POST) Program, has enabled us to share our journey from institutional to community care, working with government and mental health leaders to develop programs, implement quality and evaluation processes and to
train staff of all disciplines. Working with other countries brings great rewards for a public mental health service: widening our cultural perspectives, extending our understanding of our own service models, thinking creatively about how to modify and adapt to the many and varied Asian contexts, and last, but by no means least, the potential to make a significant difference in the lives of people experiencing mental illness. To do this well requires excellent organisation and planning, preparation of staff, and the right partners. The paper will describe some of our international activities, the achievements of our partnerships and lessons to be learnt.

Learning Objectives:
1. Understanding a framework for successful collaboration in mental health service development with our Asian neighbours.
2. A better understanding of the challenges facing countries in the Asia-Pacific in developing their mental health services.

References:

S27 Mental Health Reforms
Paper 20 Minutes: Marumali Program to Heal Survivors of Stolen Generations Are We There Yet?

Lorraine Peeters  Shaan Gerrard  Kerrie Kelly

Aim of the presentation: To report on the implementation of the Marumali Program and the need for Aboriginal people to be able to define & benchmark best practice responses to support survivors of the stolen generations. The deliberate & systematic removal of more than 25,000 Indigenous children from their families using laws, policies & practices which relied on compulsion, duress or undue influence ('forcible removal'), has had devastating consequences on all Indigenous Australians & communities (HREOC, 1997). The legacy of anguish is part of everyday Aboriginal life in all parts of this country, and many will present at mental health services at some point in their lives. How mental health services respond is crucial. Almost ten years ago, Lorraine Peeters, an Aboriginal woman removed & institutionalised at age four, developed a model of healing for survivors of removal policies. Based on her own journey of healing, and with the aim of improving the quality of support provided to stolen generation survivors, the Marumali program has been delivered in Aboriginal Community Controlled settings around the country for eight years. Aunty Lorraine has delivered 100 workshops to train more than 1,000 Aboriginal counsellors to assist their brothers and sisters to find their way home to themselves, their families and communities. This presentation reports on the program's progress, the evaluation feedback, and in relation to achieving 'best practice' responses to support survivors, asks the question, 'are we there yet?': Learning Objectives:
1. People in the audience will gain insight into a safe, unique and very successful Aboriginal approach to healing survivors of the stolen generations. 2. This is relevant to mental health services because it raises awareness of the need for service providers to respect and work in concert with Aboriginal-developed models of healing to support survivors of the stolen generations. References:
- Peeters, L & Kelly K (1999), Reclaiming Identity Through the Pain: What Helps and What Hurts in Social & Emotional Wellbeing: An Aboriginal Community Perspective. Aboriginal Health and Medical Research Monograph Series, Vol 1, No IV.
S27 Mental Health Reforms  
Paper 20 Minutes: Lessons for 2020 from the Mental Health Reforms in Victoria, Australia.  
Valerie Gerrand  
From 1994 to 1999, Victoria's mental health service system underwent a massive transformation. All fourteen separate state psychiatric institutions were closed, a notable feat. Even more remarkably, the money saved was re-invested in new bed and community-based services throughout the state. Priority went to setting up services that were local, mobile and flexible in their hours of operation. An extensive capital works program accompanied this expansion of community-based care, with new inpatient units and community-based facilities built in Victoria's twenty-one mental health areas. It is timely to reflect on these changes, how they were achieved and what mistakes were made along the way. More than ten years after the reforms began, we can also ask whether the directions pursued were correct, and were they sustainable over time. The paper outlines the reforms, explains how they came about and identifies the lessons learnt. It also reviews how mental health has fared since a Labor government took office in late 1999, and suggests changes needed over the next decade. The paper challenges conventional wisdom about the difficulty of mental health reform. It shows that radical and sustainable change is possible, and pinpoints what is needed to achieve this goal. Learning objectives: 1. Those attending will grasp the scope of Victoria's mental health reforms, how they were achieved and what can be learnt from them. 2. The topic explains how mental health services can be reformed so that they are more accessible and responsive to consumers and family carers. References: Gerrand, V. (2005) Can deinstitutionalisation work? Mental health reform from 1993 to 1998 in Victoria, Australia. Health Sociology Review, 14, 3, December, 255-271. Meadows, G. and Singh, B. (2003) ‘Victoria on the move’: Mental health services in a decade of transition 1992-2002. Australasian Psychiatry, 11, 1, 62-65.

S28 Housing and support  
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 4  
Meg Carter  
This paper presents initial findings from an ARC-funded research project that considers the effectiveness of a model of housing and support for people who have spent a long time in psychiatric institutions. Under this model clients live in their own homes with ongoing support from a disability support agency, working in partnership with clinical services. Housing is central to the model, with tenancies managed through a specialist tenancy management agency. The model has been delivered in Victoria since 1994 by NEAMI and Supported Housing Limited. The research asks firstly, is the model effective; and secondly, is it transferable to other States. It considers the experiences of clients supported by NEAMI and SHL in Victoria, and those of clients in South Australia who have been discharged from Glenside with support through the Returning Home program. The research draws on qualitative data collected in interviews with clients and their disability support workers, supplemented by survey responses from carers and clinical workers. It also considers ways in which the implementation of Returning Home in South Australia has differed from implementation of the model in Victoria. The research offers an opportunity to hear clients’, carers’ and workers’ perspectives on the experience of ‘returning home’. Learning Objectives: This paper will advance participants’ understanding of how support that aims to enable people with mental illness to sustain tenancies and avoid extended periods of hospitalisation has been delivered in Victoria and South Australia, and how this support is viewed by workers, carers
and clients in those states. Identifying factors critical to the success or otherwise of such programs is important to policy makers, service providers and carers, as well as to the people they seek to support. References: Cox, M. (1996) An Evaluation of the NEAMI Community Housing Program NEAMI, Melbourne Gerrand, V. (2005) ‘Can deinstitutionalisation work? Mental health reform from 1993 to 1998 in Victoria, Australia’ In Health Sociology Review 13(4) 255-271

S28 Housing and support
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 4
Paper 20 Minutes: Managing Externally Imposed Changes to Level 1 and 2 Supported Accommodation Services.
Lawrence Popata Barbara Anderson
Affinity Services formerly (Te Korowai Aroha) is a community based non-profit organisation dedicated to mental health recovery. With 30 years of experience; Affinity Services is the longest operating non-profit mental health provider in New Zealand and offers a comprehensive range of services to approximately 550 people. Service philosophy is based on the Charles Rapp’s Strength Model of recovery and Mary Ellen Copeland Wellness Action Recovery Plan. In early 2005, the Ministry of Health directed closure of Level 1 and 2 supported accommodation services which had been fundamental to mental health service provision for more than 30 years. The purpose of this presentation is to show how organisational risk was managed in the context of externally imposed change and the resulting implications for clients and staff managing such change in a strengths based client recovery focussed way. Implications and learning: 1) Enhancing recovery opportunities for clients Expanding skill set of staff, 2) Expanding skill set of staff, 3) Retention of staff. Learning objectives: Project planning, Team development, Future Directions, Opportunities to create strengths based work practice for teams engaged in transition work in a range of contexts. References: Rapp, C. A., & Gosha, R. J. (2006). The Strengths Model: Case Management with People with Psychiatric Disabilities (2nd Ed.). New York: Oxford University Press. Copeland, M. E. (1997). Wellness Recovery Action Plan. Brattleboro, VT: Peach Press.

S28 Housing and support
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 4
Paper 20 Minutes: Catherine House Mental Health Program.
Julie Nicole Deane Kyrie Grey Wendy Giachin
The Catherine House Mental Health Program is a unique service in South Australia for women with a psychiatric disability, who are homeless and face multiple barriers to accessing safe, affordable, suitable accommodation. The program uses the Rehabilitation and Recovery Model. Caseworkers work with women, to assist them build interdependent, satisfying lives within their local community. In an environment of mutual regard and respect, women are reaching for their potential and are seeking meaningful citizenship. They learn and become aware that they are not limited or defined by their illness. Residents have entered mainstream adult education, volunteer work and received acclaim for their artistic achievements. In recognition of the expertise of consumers and their increasing role within the mental health system, the program is working towards employment of clients, as peer workers and voluntary work as consumer representatives. In February, training sessions for both consumers and staff on the consumer perspective and the roles of Consumer Representatives, Consumer Consultants and Peer Support Workers was held. In March, program staff will deliver to any interested residents, training for Consumer Representatives, using Curriculum Development Education Packages, recommended by the National Mental Health Strategy, with the Mental Health Council of Australia. Learning Objectives: 1. The audience will learn about the program delivering a best practice model of service delivery and about a culture that
has been developed that does not limit or define consumers by their mental health
issues. The topic is relevant to mental health services because the program is
providing a preventative and supportive model of service which is assisting women
with mental health issues to live successful interdependent lives in the community.

S29 Primary Care
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 3
Paper 20 Minutes: Getting it together: Promoting Collaborative Working
Relationships between Southern Mental Health Services and General
Practitioners
Sarah Anstey

The aim of the presentation is to describe how the Southern Mental Health Service
has supported and implemented practice change in the area of shared care with
general practitioners (GP’s) across all its adult mental health services. The
presentation will outline the process involved in developing policy and procedure for
shared care, describe the implementation phase and report on the early results of
evaluation. It will also highlight achievements to date and challenges which are still
to be met. Shared care between GP’s and the mental health service (MHS) has been
the subject of intense scrutiny and debate. Whilst there are a plethora of studies
that have described and evaluated a variety of models, there is a lack of information
outlining how shared care may be implemented across the service. Southern Mental
Health has taken up the challenge of developing a coordinated and regional
approach to shared care. It aligns itself with the philosophy that promotion of
General Practitioner collaboration is an ongoing service goal, necessary at all levels,
in order to implement positive service change. Southern Mental Health has
recognised that shared care is a foundation framework that needs to underpin all
service delivery and is committed to the delivery of a coordinated and systematic
approach, in order to embed consistent shared care practices across the service.
Learning Objectives: 1. Participants will gain an understanding of how shared care
practices can be implemented across all adult mental health service settings, and the
challenges associated with practice change initiatives. 2. Shared Care practice is
increasingly recognised as essential within the mental health services. General
Practitioners manage 75-90% of consumers with a mental illness in the community
and as such are important partners. There are also a number of associated benefits
with implementing such practice change, including, greater continuity of care,
improved outcomes for consumers both in their physical and mental health and
decreased demand on ED and crisis services. Philip, T, Welch, M, Aldridge, G,
Fisher, H and Cross, M. Setting the standards: A report on a GP/Mental Health
Service Liaison Project in a Rural Area. Australian Journal of Primary Health-
Interchange 2000; 6(3&4):215-221. Tobin, M and Norris, G. Mental health and
general practice: Improving linkages using a total quality management approach.

S29 Primary Care
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 3
Paper 20 Minutes: Optimising the Primary Mental Health Care Workforce in
Australia.
Richard Moulding Grant Blashki Jane Pirkis Jane Gunn
Cathy Mihalopoulos

To discuss findings of a systematic review into psychological treatments in primary
mental health care, and its applications to the Australian healthcare system. Over the
last decade, policy reforms have transformed primary mental health care in Australia.
In particular, the recent mental-health programs by the Federal government have
incrementally opened up consumer access to evidence-based psychological
treatments from allied health providers. We have undertaken a systematic review of
the literature regarding the use of psychological treatments through primary health care, focusing on models of primary health care. In particular, there are lessons to be learnt from overseas research into collaboration between primary health care providers, and we discuss ways to encourage this within the Australian system. We hope to encourage practitioners and policy makers to consider how to best use this unprecedented opportunity to build a world-leading model of primary health care.

Learning Objectives:
1. People in the audience will gain a further understanding of models of primary mental healthcare and how they apply to the Australian context.
2. This topic is highly relevant to mental health services and mental health issues, during this period of major reforms in the Australian primary mental health care system.

References:

S29 Primary Care
5/09/2007  From: 1530 To: 1700  Venue: Bellarine 3
Paper 20 Minutes: Does the General Practitioner have a place in the treatment of alcohol dependence?
Sharyn Amos

In 2006 St Vincent's in conjunction with Southern Health and Turning Point obtained funding from AERF to create a shared care pharmacotherapy management project for improving the management of patients with alcohol dependence. It is of concern that in Victoria of 142,800 patients who presented to hospital over a 12 month period with a history of harmful alcohol use only 9100 were receiving specialist treatment for their alcohol dependence. Indeed only 2.6-6.4% of problematic/harmful drinkers are receiving treatment (Ritter, A., Berends, et al. Pathways: A review of the Victoria Drug Treatment service System 2003).

In 2006 the Shared Care Pharmacotherapy Management of Alcohol Dependence Project, SCAP, Commenced at St Vincent's Hospital. The aim of the project is to establish: a network of G.P.s willing to see and treat patient with alcohol dependence; increase the provision of anti craving medications to all eligible patients, enhanced clinical support to G.P.'s with identified patients. This presentation will present the results of the research undertaken and key findings that have developed as a conjunct to the project. The findings will cover data and information pertaining to patients who have presented within the acute sector where alcohol use was the main influence for complex medical presentations and how General Practitioners are the key in providing ongoing care. Included within the key findings will be the identification of chronic medical conditions, depression and anxiety and alcohol use and how mental health, medical health and alcohol use play a key part in determining outcomes for patients.

Learning objectives:
1. What will be learned from this presentation will be that alcohol use impacts on all aspects of a person's whole being but as a service system we have been established to look at a person as a section. It will motivate people to understand that alcohol use must be seen in the context of the whole person and that the patient's G.P. is an integral part of the service delivery.
2. This topic is relevant to mental health services and mental health issues as a key finding is that the lowest referral point for the Shared Care Project was mental health. Does this reflect that mental health services, through their service structure, manage alcohol abuse well in those with a mental illness, or is it still representative of the continuation of a silo based health care system. These references assisted in the formulation of the research project.

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S30 Young People
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 2
Alison Brettingham-Moore  Claire Stucas
There is emerging evidence to suggest that early intervention specialist programs are important for recovery (Pelosi and Birchwood 2003: 196 and Hudspith 2005:6). The development of this Young Persons Recovery Group Program arose out of an expressed need identified by Aspire Staff across Tasmania. The reviewed literature also showed a lack of recovery based services for young people experiencing a mental illness. The Program aims to address the specific needs of young people recovering from a mental illness, as part of an early intervention strategy. The working group consisted of 6 staff members from Aspire and Aspire program participants. Through consultation with program participants a number of needs were identified that were incorporated into the group program, including; confidence building, recreational opportunities, relationships, sexuality, drugs and alcohol, and re-connecting with identity. This was then developed into a Group program package based on the Boston Model of Psychiatric Rehabilitation and Recovery. The broader program content includes: awareness of Recovery; self esteem; dealing with stigma and choosing a valued role. The program aims to look at these broader topics exploring social, vocational, educational, and housing needs of young people. The group was developed to explore the opportunities and develop skills and strategies to assist young people with a mental illness on their journey to recovery. Learning Objectives:1. This presentation will aim to provide the audience with knowledge of a participant driven young persons recovery program; the specific needs as addressed by young people and the program content and outline. 2. This presentation will aim to address the specific needs of young people with a mental illness, by exploring the development of a young person’s recovery based program as a result of an identified gap in service delivery. References: Pelosi, A., & Birchwood, M. (2003). Is early intervention for psychosis a waste of valuable resources? British Journal of Psychiatry, 182(3), 1996-1998. Hudspith (2005) <http://vch.ca/ce> 16/10/2006.

S30 Young People
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 2
Paper 20 Minutes: Engaging adolescents living in families affected by mental illness.
Faye Hayman
Children living in families affected by mental illness are at greater risk of developing physical, cognitive, emotional, behavioural and social problems than other children1. Involvement in community/group activity and supportive networks and friends are important for enhancing mental health1.2. Kids with Confidence is a program developed to cater to the needs of children living in families with mental illness. Following a successful camps program for children under 12, an adolescent program has now been developed whereby young people over 12 meet once a month for a semi-structured activity. This allows them to have some fun and respite, develop supportive networks with other young people in similar situations and also gives them the added support of being in touch with a mental health worker who they can talk to about difficulties they may be experiencing. Good attendance at each session has enabled the formation of strong, trusting friendships. Feedback from the adolescents involved and their families shows that the group has had positive impacts in many areas of their lives, including confidence and self-esteem. This may enhance their resilience and ability to cope with difficult situations. Learning Objectives: 1. People attending this presentation will learn about the importance of engaging children and adolescents living in families affected by mental illness. They will learn about a program that provides adolescents with ongoing peer and worker support and

S30 Young People
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 2

Paper 20 Minutes: Post-secondary Education: Opportunities and Obstacles for Recovery.
Jennifer Martin
The aim of this presentation is to illustrate the findings of a research project in a post secondary educational setting that highlights both the opportunities and barriers encountered by students recovering from mental health difficulties. This includes issues around access to post secondary education as well as the type and nature of the support provided to students during their studies. Opportunities for full participation in society are central to notions of recovery with post secondary education an essential component of this. Advice and suggestions from students recovering from mental illness during their studies are presented highlighting what has been helpful for them in achieving their educational goals and what has been a hindrance. This includes suggestions for both policy and practices in post secondary education that are supportive of students recovering from mental illness. Learning objectives: 1. People in the audience will learn about the experiences of people studying in post secondary settings and things they have found helpful in supporting their studies and things that have been a hindrance. 2. This topic is relevant to mental health services and mental health issues as access and appropriate support in post secondary studies is essential for recovery. References: Martin, (2006), Mental Health Practice, Ginninderra Press, ACT. Brown, K.S (2002) Antecedents of psychiatric rehabilitation: the road to supported education programs in C. T. Mowbray, K.S. Brown, Furlong-Norman, & A.S. Sullivan Soydan (Eds.), Supported Education and Psychiatric Rehabilitation: Models and Methods, Linthicum, MD: APRS.

S31 Identity and collaboration
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 1

Paper 20 Minutes: The fundamental nature of identity for Aboriginal and Torres Strait Islander wellbeing.
Marshall Watson
The complex pathological processes of dispossession and disempowerment have a legacy of ill health, poor social and emotional wellbeing and familial dysfunction for Aboriginal and Torres Strait Islander peoples and their communities. This legacy manifests in the psychiatric clinical encounter as behavioural problems, depression, anxiety, psychosis, suicide and substance misuse. Dispossession and disempowerment are human experiences that are shaped by culture, spirituality and identity. For Aboriginal and Torres Strait Islander peoples a person's sense of self is intimately tied to their family, their country and their Dreaming. In a society that has, from inception, overtly and covertly denied Aboriginal and Torres Strait Islander

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peoples' sovereignty, their values and beliefs, issues of loss of identity are both historical and contemporary. An identity that is lost or denied, on both an individual and collective level, has a traumatic impact as well as the effects of grieving. Conceptualising loss and/or denial of identity as trauma can assist the healing process. In order to adequately assess an Aboriginal and/or Torres Strait Islander person's sense of self and their identity, a cultural history is fundamental. A cultural history may need to be sought over several clinical encounters and from diverse sources. Important aspects of culture and spirituality that are required include a person's tribal affiliations, their traditional lands and kinship systems, their beliefs regarding creation and their understanding of spirituality. In keeping with the tradition of oral history, these concepts will be explored in the presentation of a case study the author's own journey and discovery of his Aboriginal self. The study takes into account the historical and contemporary experiences of an Aboriginal family affected by policies of segregation, then assimilation and finally reconciliation. The author reflects of the essential components of identity which give life meaning and purpose, and draws on other occurrences of disempowerment and trauma amongst Australians. 


S31 Identity and collaboration
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 1
Paper 20 Minutes: The Strength of Two: Collaboration between services in New Zealand and Australia to mentor and train staff in the Strengths Model of case management.
Gareth Jones Michael Deans Nigel Toomey Lee Cordell Smith
This paper traces the innovative mentoring of one service by another, aiming to achieve robust service change. Beginning in 2001, Timaru Mental Health Services (MHS) implemented Strengths model of case management in their clinical service. This development has required planning, staff training, a wide range of changes in the way that Timaru MHS staff talk with and write about consumers (Liddy, 2003). The service engaged the expertise of Strengths Model proponent Charles Rapp to support the comprehensive system change. Since early 2006 St. Vincent's Mental Health (MH) in Melbourne committed itself to implementing the Strengths model of case management across its rehabilitation adult mental health teams. The leadership and clinical staff of Timaru MHS have closely partnered St. Vincent's MH, with the aim that St. Vincent's MH achieve and sustain a service with high fidelity to the model (Rapp & Goscha 2004). This paper will highlight key aspects of service partnership and mentoring, from the early planning stages to ongoing supervision across the Tasman. The aim is to explore the value and the challenges of such inter-service partnerships. Learning objectives: 1. Participants will gain understanding of the potential and pitfalls of cross service mentoring, when services are pursuing similar goals. 2. All service stakeholders who are grappling with to service change will be encouraged to consider the potential for such collaborations in their area. References: Liddy P. (2003). Removing barriers between nurses and patients. Kai Tiaki: Nursing New Zealand. 2003 Sep; 9(8): 24-5. Rapp CA. & Goscha RJ. (2006). The Strengths Model: Case Management with People with Psychiatric Disabilities (2nd Edn). Oxford University Press: Oxford UK.
S31 Identity and collaboration  
5/09/2007 From: 1530 To: 1700 Venue: Bellarine 1  
Paper 20 Minutes: Wairoa the way New Zealand used to be.  
Danika Goldsack Mani Wilson  
NGA IHI O TE RA literally means the rays of the sun. Our aim is that enlightenment be as clear as the rays of the sun. Nga Ihi O Te Ra is a branch of The Lighthouse. The Light House is run by people who experience mental illness for people who experience mental illness. Wairoa is a small rural community on the east coast of the North Island of New Zealand. We know that having or experiencing a mental illness does not have to rule your life or hold you back in any way from achieving anything you desire. We have experience of mental illness and are able to effectively communicate as advocates on an individual or systemic basis providing a voice for those with mental illness. The advice we can give is on any possible topic that you may have, if we don't know we can research it or point you in the right direction. Learning Objectives: 1. From this presentation you will gain a sense of What Life In Wairoa Is Like For People Who Experience Mental Health Issues. 2. The issues we face in Wairoa include lack of adequate housing for Mental Health consumers, lack of clinical expertise, rural isolation.

S32 Family support  
5/09/2007 From: 1530 To: 1700 Venue: Otway 2  
Paper 20 Minutes: Parents with a mental illness.  
Carolynne Holdsworth Monica Gilbert  
Caring for a young child, whilst rewarding, can be difficult at times. For people with a mental illness, being a parent can pose additional challenges. There are a number of programs that are available to older children and adolescents and their parents, however few services specifically target parents with young children (1). Early intervention can have significant benefits for both children and parents. The aim of this presentation will be to outline a program for parents with mental illness who have children aged 0-3 years that has been developed in consultation with consumers with mental illness. The 9-session program aims to help parents cope effectively with their mental illness and support them to develop confidence and skills in caring for their child/children. Delegates will be challenged to re-consider early intervention as it relates to the young children of parents with a mental illness. They will hear promising preliminary results from a pilot study evaluating the effectiveness of this program delivered within Australian mental health services according to the Collaborative Therapy framework (2). Psychosocial programs such as Parents with a mental illness have a significant role in improving long term outcomes for parents and their children. Learning objectives: 1. Delegates will: Understand the gaps and barriers in current service provision to parents with mental illness. Learn about a new, evidence-based program for parents with mental illness who have a young child (aged 0-3) that is available within Australian mental health services. Consider the role of psychosocial programs in improving outcomes for parents and their children. 2. The program outlined in this presentation provides a much needed resource to mental health services that are currently ill-equipped to deal with the issues related to parents with a mental illness. This program helps to address many barriers that currently inhibit parents from accessing mental health services. To optimise mental health outcomes, early intervention needs to begin at birth by enhancing the ability of parents to manage their own mental health and supporting them to develop parenting skills. References: Alakus C, Conwell R, Gilbert M, Buist A, Castle D. The needs of parents with a mental illness who have young children: An Australian perspective on service delivery options. International Journal of Social Psychiatry (in press; accepted 14.08.2006); Gilbert, M., Miller, K., Berk, L., Ho, V., & Castle, D. (2003). Scope for psychosocial treatments in psychosis: An overview of collaborative therapy. Australasian Journal of Psychiatry, 11, 220-224.
Specific support groups for carers of people with personality disorders have been available in Melbourne for a few years. Many carers have indicated that, in addition to support, they need specific skills to support their loved ones in ways that are likely to be helpful. This paper describes a process of introducing skills training workshops to carers of people with personality disorders in carer support groups and workshops in Melbourne. Initial feedback from various carer forums is discussed. The paper briefly reviews what is being done in this field overseas and discusses options for the way forward locally, in the light of local and overseas evidence. It is recommended that the next step in Victoria (both metropolitan and rural) is to provide specific support and services, including skill building, for carers of people with personality disorders. Learning Objectives: 1. People in the audience will hear about how carers of people with personality disorders can be supported by learning communication and other skills together in carer support groups that are specifically for carers of people with personality disorders. 2. This topic is highly relevant to mental health services as most mental health services have taken steps to improve services for people who have personality disorders and the next step is to improve support carers of people with personality disorders. It is also highly relevant to carers of people with personality disorders to hear about possible specific carer supports other carers have found useful locally and overseas and to discuss what they may want to organise for themselves locally, based on local and overseas evidence.


Family Options Program for Parents Living With Mental Illness. Working with consumers as parents and as a family unit, and by empowering the family members together, it is possible to recover a full and healthy family life again. By working with the whole family in a program that addresses the family unit as the prime carrier of their recovery journey together can be a practice that is not a vision but a reality in Australia before 2020. Currently Adult Mental Health Services in Australia are delivered to the individual parent with the mental illness. Other members of the family if they are lucky to have received the information might be refereed to a carer's organization for information and support. Family Options Program could be applied in
Australia it is a philosophy and could make significant contribution to service delivery, to family's living with mental illness in. Customised coordinated care, could benefit the Family and the clinician. Therefore both the receiver and giver of support could gain satisfaction.

**S33 Rural leads the way**
**5/09/2007 From: 1530 To: 1700 Venue: Otway 1**
**Paper 20 Minutes: A Rural Model of Support for Young Carers.**
**Peter McMahon Richard Hudson**

This presentation will present a rich picture summary of the findings from a recent evaluation of the Sage Hill SHAnKs (Sage Hill Adolescent & Kids) program in Warrnambool, South West Victoria. Young carers continue to sit on the margins of current service priorities. They are on the whole an unrecognized group, who are even more disadvantaged in rural areas. The SHAnKs program seeks to address the needs of young carers and their families living in South West Victoria. An evaluation of the program has found that the group has done well to achieve it's original vision, in particular, normalizing the experience of being a young carer, reducing social isolation, enhancing coping skills, enhanced skill development, creating normal developmental opportunities, reducing the impact of mental illness on participants lives & enhancing the quality of family relationships. Several unforeseen spin offs were also found at the individual, group & community level; including developments such as informal buddying, informal peer mentoring, the formation of a parent support group & the development of opportunities for peer advocacy. SHAnKs challenges current models of best practice for young carers by providing an open ended structure that delivers greater flexibility & support to participants & their families. Learning Objectives:1.People who attend this presentation will gain insight into the needs of young carers with a family member with a mental illness.2.The presentation will bring people up to date with the findings of a recent evaluation of the Sage Hill SHAnKs (Sage Hill Adolescent & Kids) program and will highlight the needs of young carers, their stories and the stories of their families living in a rural context. This will create an opportunity for people to think outside the box and develop their awareness of the differing needs of young carers in a rural environment. Relevant References: .Caring for Carers at Sage Hill.' : An Interview with All in the Mind, ABC Radio National. (June 2003).http://www.abc.net.au/rn/allinthemind/stories/2003/876046.htm .2.Young Carers Research Project Final Report.:Carers Australia. (July 2002). http://www.carerswa.asn.au/uploadedfiles/Final_Report_Young_Carers.pdf.

**S33 Rural leads the way**
**5/09/2007 From: 1530 To: 1700 Venue: Otway 1**
**Paper 20 Minutes: A Little Goes A Long Way.**
**Lesley Forbes**

Innovation and Best Practice: Promoting Leadership and Quality Practice with Limited Resources in a Rural CommunityAn educational and humorous journey of one of the first rural mental health services in New Zealand. Nineteen years ago a new mental health service was developed in rural Central Otago, New Zealand: a farming and fruit growing region - the nearest Psychiatrist over 200km away. Many challenges presented themselves to the Central Otago Mental Health unit - the growing population of rural folk with mental illness, the harsh climate and the distances between our widely scattered clientel, our extremely limited budget and resources. The management of risk not only of clients, but for staff often travelling on ice and snow in remote areas, all introduce a colourful paper of innovation and resourcefulness in the building of a mentally healthy rural community. The successful care our clientele have received under such unsympathetic conditions have led the way for todays successful team of pioneers in the rural mental health sector and as
Learning Objectives 1. Creative Care: Innovation and best practice in a remote unsympathetic community, promoting mental health with limited resources and a challenging environment. 2. Projections to 2020: Highlighting the unique and innovative practices created by diverse clientele, remote locations and challenging environment as a case study for innovative care for the future. References: Mahmood T, Romans S, Forbes L; The future of specialist psychiatric services in rural New Zealand; NZ Medical Journal, 2001 June 22;114 (1134):294-6.

S33 Rural leads the way
5/09/2007 From: 1530 To: 1700 Venue: Otway 1
Debra Monk Kerryn O'Brien Angela Walker Dannielle Taylor Emilia Barrow
In the last 12 months, Trinity Community Support Services a program of the Richmond Fellowship of Victoria and Wangaratta Adult Community Mental Health Service (ACMHS) North East Health have taken part in an exciting new partnership that has led to an improved delivery of care to consumers in the North East region of Victoria. The collaboration promotes empowerment and recovery for people experiencing mental illness through group programs (e.g. cooking, social skills, self esteem, and anxiety) and streamlined care while the benefits for workers include increased educational opportunities and peer support. The first aim of the presentation is to demonstrate how to create an effective partnership between clinical services and non-government agencies. The second aim is to explore the benefits of the collaboration for consumer and worker and examine the partnership in greater detail, for example consumer evaluations from the group program. In summary, one of the greatest benefits of the partnership for all involved is (as one consumer stated), The companionship- aren't people great. Learning Objectives: 1. The people in the audience will gain an understanding of how to create an effective partnership between clinical services and non-government funded agencies and the benefits for consumer and worker. 2. Cross sectorial partnerships are relevant to mental health services and mental health issues as they improve service delivery to consumers. References: New Directions for Victoria’s mental health services-The Next Five Years. Victorian Standards for PDRS services- Service Integration.

S34 Poster
Poster: The New Zealand Mental Health Line.
Brenda Dolan Tim Saul
In 2002 a Mental Health Line (MHL) pilot began as a cooperative initiative among three District Health Boards (DHBs) in New Zealand. It is run by McKesson NZ, is funded through participating DHBs and is operated from a health call centre in Wellington. The fundamental purpose of Mental Health Line is to provide mental health telephone triage on behalf of the above DHBs. The MHL telephone triages after hours calls to mental health services, directing or connecting users to the appropriate service based on need and urgency. Some callers have their issues resolved by a MHL clinician without further DHB intervention. The line is staffed by mental health clinicians and allows inappropriate calls to existing clinical services to be filtered. The service works closely with each provider to ensure the most effective integration of the MHL into its client pathway. Learning Objectives: 1. Enhanced knowledge of the NZ Mental Health Line. 2. Awareness of the advantages and disadvantages of such a service. References: 1. St George IM, Cullen M, Wilson A, Wilson F, Dolan B, McGeorge P. The Mental Health Line. NZ Family Physician 2006; 33 (5): 336-7.
S34 Poster
Poster: Psychosocial Well-Being In Young Adults From Different Cultural Backgrounds In Australia: The Influence Of Parent-Child Attachment And Peer Relationships.
Jinsu Lee Lynette Joubert

A number of post-secondary students have significant mental health problems because new and diverse stressors are emerging in conjunction with developmental and environmental pressures (Andrews and McLean, 1999). Moreover, culturally and ethnic diverse student groups might show more serious psychological and social difficulties associated with different cultural norms, values, and attitudes (Rosenthal et al., 2006). This study will explore the relationship between parental and peer attachment styles in terms of cultural context and psychosocial functioning among young adults who are 1) Anglo Australian students, 2) Asian Australian students, and 3) Asian international students in Australia. The major aim of this research is 1) to explore the relationship between parental and peer attachment patterns in the cultural context and psychological and social functioning among Anglo Australian, Asian Australian and Asian international university students 2) to develop theoretical framework and model of psychosocial well-being across different cultural student groups in Australia. It is anticipated that the findings of this research will suggest a significant theoretical concepts and make a clinical contribution to the study of the psychosocial well-being of culturally diverse university student groups. It might enhance the effective delivery services to culturally diverse university students in Australia.

References:

S34 Poster
Mark Hosken Trish James

Aims: Description and detail of our goals will be pinned up. Photos of outings and the team at work will be on display. Copies of our magazine, Salvation Jane, will be given out. We will be making additions to the mailing list. The Abstract 2020 vision for mental health will welcome the opinions of consumers, mental health workers and carers. The vision for 2020 is to encourage groups. I think we will see the importance of groups in treating mental illness. At common ground outreach workers enable consumers to get to groups and activities. It is difficult drawing in introverted consumers. By reaching out as a group we can be there for when they are ready. Our consumer project/Salvation Jane provides an avenue that caters for mental health consumers. It gets consumers out to participate in the wider community. Mental health consumers find it difficult to reach out to mental health services when one feels overwhelmed by psychotic illusions, depression, obsessive compulsive disorder. Our vision is that consumers will not feel ashamed of their illness. We will be accepted. The vision for mental health in 2020 is there will be no stigma. Society will be educated about mental health and illness, particular focus on young people. In this age of computers, plasma TV, gaming machines the vision for mental health in 2020 is meeting the spiritual needs of a consumer, being a part of a group enriches the soul.

Learning Objectives
1. People attending the conference will learn about the published newsletter/consumer project. The material presented is both visual and written by mental health consumers. The Salvation Jane magazine conveys a scale of variety; poetry, recipes, jokes, pet stories, human interest. Also reviews of outings like restaurants, cinemas and theatre. We are
about keeping people posted about activities we organize and invite people to attend.

2. Our consumer based publishing and recreation project is relevant to mental health issues, because we the consumers are the experts. We can teach the mental health professionals what the world is like for mental health consumers. We take medication and receive counselling aimed to deal with our mental illness. The Salvation Jane magazine get heaps of contributions from across Australia and New Zealand. The TheMHS Conference is positive for us; it allows us to do networking with other mental health services, it keeps us up-to-date with the situation of mental health around the world, promoting positive attitudes about mental health and mental illness.

References

The mental health consumer participation project meets each week, during drop-in at common ground, located at 15-19 Gracies St, North Melbourne, 3051. Phone: 03 8327 1700. The Salvation Jane newsletter is also created at 15-19 Gracies St, North Melbourne, 3051. Phone: 03 8327 1700.

S34 Poster
Poster: Knowledge, Equity, Participation.
Brian Hughes Denise Darnell

Established in 2002, the Queensland Mental Health Review Tribunal is a Statutory Authority set up to protect the rights of people receiving involuntary treatment under the Mental Health Act 2000 (Qld). It is important to the Tribunal that involuntary patients are encouraged and empowered to participate in their own Tribunal hearings. Being able to be part of Tribunal decisions about their future contributes to the breaking down of patients’ distrust of “the system” and supports patient autonomy, which has been shown to be one of the principles of recovery. In response to feedback from consumers for a more user friendly communications medium to inform involuntary patients of their rights and of the process, the Mental Health Review Tribunal has developed an informational DVD to supplement its range of print publications. The process of the DVD development involved bringing together patient and carer experiences, organisational expertise, academic input on communications, market based communication processes, and a production team that understood issues of disadvantage and Mental Health. The result is an innovative resource that supports equity in Tribunal decisions by giving patients and their advocates the information that they need to help patients present their views at Tribunal hearings.

Learning Objectives: Information provision as means of empowering a patient to participate in decisions affecting own life; Escaping from established bureaucratic norms of information provision in the use of information media.

S34 Poster
Poster: The experience of family caregiving in mental illness.
Joanne Lynne Drury Ellen Berah

The stress experienced by family carers in mental illness has been well documented, but further understanding of their experiences and needs is required. This study aimed to identify variables that explain negative caregiving experience and poorer carer outcomes. Carers completed questionnaires examining stressors, caregiving appraisal, personal and social resources, and two outcome variables: psychological health and life satisfaction. More frequent stressors (patient symptomatology and caregiving tasks/demands), and greater concern regarding those stressors, were related to higher negative appraisal and negative impact on carers’ lives. This in turn was related poorer psychological health and decreased life satisfaction. Self-efficacy predicted both appraisal and outcomes. Higher self-efficacy for caregiving tasks and demands was related to lower negative appraisal and better outcomes. More important, though, was self-care self-efficacy: Carers with more confidence in their
ability to maintain self-care were even less likely to appraise caregiving negatively or to have poor outcomes. Satisfaction with social supports also predicted appraisal and outcomes. Carers were more likely to report satisfaction with the support they received from friends than from family. In conclusion, social support and self-efficacy may play an important role in buffering the relationships between caregiving stressors, negative appraisal and carers’ psychological wellbeing and life satisfaction.

Learning objectives: 1. Audience members will gain insight into the impact that caring for a family member with a mental illness can have on the carers, and some skills and resources that may be protective for carers. 2. Family carers play an essential, and often unacknowledged and unrecognized, role in the care of their relatives. Research identifying the problems carers face and how they can best be assisted in their role is essential. References: Saunders, J.C. (2003). Families living with severe mental illness: A literature review. Issues in Mental Health Nursing, 24(2), 175-198. Solomon, P & Draine, J (1995) Subjective burden among family members of mentally ill adults: Relation to stress, coping, and adaptation. American Journal of Orthopsychiatry, 63(3), 419-427.

S34 Poster
Poster: The Relationship Between Job Stress and Mental Health in a Group of Hospital Employees in Shiraz.
Jamaledin Alvani Mohammad Jafar Bahredar
Background and objective: The present study was designed to investigate the possible relationship between job stress and mental health in a group of hospital employees of Shiraz University of Medical Sciences. Method: Three hundred and ninety-seven employees (150 administrative and 247 medical staff) were selected randomly through stratified random sampling. They were requested to answer the General Health Questionnaire (GHQ) and pickle Paykel life inventory. Results: The findings revealed significant correlation between job stress and mental health. The medical staff showed significantly lower level of mental health when compared with office workers. More desirable level of mental health in males was observed in contrast to the female participants. Conclusion: The finding of the present study signify the importance of organization care to the mental health of the employees particularly those directly involved with patients and female personnel in general.

S34 Poster
Elizabeth Ann Laugeson Catherine Mogil Ashley Dillon Bobbie Celaya Fred Frankel
Adolescents with developmental delays are often just as impaired by their social deficits as they are by their cognitive limitations. This is particularly true for individuals diagnosed with mild-borderline mental retardation (Elliott, Pring, & Bunning, 2002). These adolescents often have a higher incidence of peer problems (Guralnick & Groom, 1988) and experience more social rejection, social exploitation, and victimization than typically developing children (Davies & Rogers, 1985). Because of deficits in social functioning, teens with developmental delays often require social skills training. Eight teens between 13-17 years of age with mild-borderline mental retardation participated in this pilot study to test the efficacy of an innovative parent-assisted evidence-based manualized social skills training intervention. Results indicate that 100% of the teens demonstrated improved knowledge of social skills at post-test assessment. Teen self-report measures indicated: 75% of teens experienced decreased social interaction anxiety; 88% reported an increased sense of good social functioning and popularity among peers;

S34 Poster

Sylvia Collinetti  Xenia Girdler  Ben Isley  Maria Maggio De Leo

This presentation describes a collaborative project between Psychiatric Disability Service of Victoria (VICSERV), Action on Disability within Ethnic Communities (ADEC) and the Victorian Transcultural Psychiatry Unit (VTPU), where training on ‘Working Effectively with Interpreters in Psychiatric Disability Support Services’ was delivered throughout rural and metropolitan areas of Victoria. The aim of the project was to improve the capacity of Psychiatric Disability Rehabilitation Support Services (PDRSS) staff to provide appropriate services to people whose first language is not English by developing their skills and confidence in working with interpreters. The collaboration was established on the basis that each organisation was able to provide the project with complementary skills and experience: ADEC has excellent knowledge of CALD issues as they pertain to PDRSSs, VICSERV (as the peak body for PDRSSs) has excellent links with services, and is a training provider recognised by the sector, having delivered extensive training; and VTPU, which had developed the training program on working effectively with interpreters, wished to make the training available to PDRSS agencies. At the outset, it was unclear to what extent people whose first language is not English are accessing PDRSSs and therefore how relevant the training would be perceived to be. The collaboration enabled mutual education whereby VICSERV and ADEC informed the VTPU on how to effectively contact and engage PDRSSs. Conversely, VTPU provided a training module that had been delivered successfully to clinical mental health services staff and could be adapted to the needs of PDRSS staff. The training was delivered throughout both rural and metropolitan Victoria. The training, which included active participation by an experienced interpreter trainer (MMDL) and the presentation of a role play, demonstrated how to work effectively with interpreters. The interpreter trainer also provided PDRSS staff with the perspective of an interpreter an essential consideration in the interpreted interview. The project involved a great deal of strategic thought and co-ordination. This paper will provide an overview of the training model, the process of engaging services and promoting the training, and reflections on the implementation of the project. Learning Objectives: 1. People attending this presentation will learn how to collaborate between services with the aim to develop appropriate training modules to increase the capacity of mental health staff to provide appropriate services to people whose first language is not English. 2. Due to an increasingly multicultural Victorian community it is of vital importance for staff working in mental health services to learn how to work effectively with interpreters to ensure appropriate service delivery to Culturally and Linguistically

S34 Poster
Poster: The effects of Societal, Health system and Individual factors on utilization health services among university students
Balan Rathakrishnan
The purpose of this study was to examine the effects of societal, health system and individual determinants on utilization health services among university students. The Andersen and Newman model of health service utilization was used as a conceptual framework. Data for this study was collected in a survey designed for a larger health needs assessment of University Malaysia Sabah undergraduate students. The dependant variable was the use of services for mental or emotional reasons within the past year. Independent variables were gender, ethnic, societal, health system and individual determinants. A multiple regression was used to determine which of these variables were related to the dependant variable. The results of this study indicate that individual determinants such as need and enabling factors have significant effects on the utilization of health services among university student. The societal and health system did not show significant effects on the utilization health services. Whereas gender and ethnic factors have significant differences on the utilization, with female students being more frequent users than male students. With regards to ethnicity, Malay students are more frequently utilize the health services compared to other races. Implications of these findings are discussed.

S34 Poster
Poster: Engaging young people in mental health
Butera Rita  Glen Barton
How is topic relevant to mental health?Depression is a major mental health concern in society and especially for young people. With 70% of mental health conditions have onset in adolescent years. There is therefore a need to ensure increased awareness of issues highlighting the importance of prevention and early intervention through engaging young people in health promotion messages. In Australia adolescent depression is one of the most frequently reported mental health problems. For many young people, the transition to work or employment and, changes in family and school structures and supports can be difficult. Coupled with this is that many service providers in health and education settings are unsure about the most effective interventions which can impact upon depression in young people. Often these organisations are not well informed about the health issues impacting upon young people or the appropriate interventions to work with them. Moreover, they often have limited knowledge about prevention programs which have shown promise in helping young people navigate difficult issues. We will presenting the current model of youth participation at beyondblue including young peoples experience. This will be followed by an interactive presentation by ARAB (Anti Racist Action Band) a participation and creative model using performance and culture to build self esteem, understanding and community belonging. Participants should be prepared to put on some dancing shoes. This paper will describe beyondblue’s youth agenda which focuses on preventing depression at different ages in a young person’s life, in a range of different environments such as, school, home or in the community; and is built on strong partnerships, an evidence-based approach and the participation of young people. Learning objectives:1. Insight into innovative model of building
mental health literacy and encouraging social and community based resilience. Presentation of how the arts can be used to promote mental health and wellbeing and increase young peoples pride in self culture and celebrate diversity, thus increasing self esteem and community belonging which is a major protective factor against isolation depression and anxiety and associated harm. 2. The audience will learn of the importance of systemically involving young peoples voices in discussion and planning of issues that affect them..

**S34 Poster**

*5/09/2007 From: 1700 To: 1800 Venue: YouYangs Hall*

**Poster: A STAR is born.**

**Jodi Bateman Janet Punch**

The Psychiatric Service of South West Victoria has a reputation for being innovative and consumer focussed. In recent years we recognised the need to review the model of care that underpinned service delivery. Documentation requirements had become burdensome, the model had become stale & was not being applied in the expected way, resulting in exclusion of families & consumers from being actively involved in planning their recovery with staff. STAR (System To Aid Recovery) is the result of 2 years hard work, a new way of assisting consumers and carers. This new system provides a menu of choices for consumers & families, depending on their particular situation and needs. We have also helped staff to learn the value of reflective practice. In searching to describe the evidence base and conceptual framework that surrounds this important system, a clever clinician developed a set of 4 integrated domains of Assertive Case management; Biological Management; Targeted Therapies; and Family Intervention. Following consultation, they were refined into a diagrammatic representation that allows everybody to see at a glance the type of services available to consumers & families, and the range of specialist interventions a clinical service provides that has a focus on psychosocial strategies. Learning objectives: strategies menus for recovery; service change management process

**S34 Poster**

*5/09/2007 From: 1700 To: 1800 Venue: YouYangs Hall*

**Poster: Grouptherapy for psychosocial problems.**

**Zahra Qiamy**

Grouptherapy has a considerable position among research and psychotherapeutic methods. Literature review shows this method has been effective in treatment of many disorders like: anxiety, depression, aggression, withdrawal, substance abuse, problematic relationships and so many other hassles in daily life. This article is a report of grouptherapy for delinquent young girls who were kept in a centre because of their social problems. Every client had a psychological file after initial interview and completing A) Aysenk selfesteem B) GHQ28 questioners. After 10 sessions intending psychodrama groups weekly and being reassessed their scores showed reduced levels of anxiety and social disfunction. Being kept in prisons changes into an opportunity for selfconsciousness, developed social skills, self acceptance, feel of being accepted by others in this way. Grouptherapy facilitates this process by its structure and function.

**S34 Poster**

*5/09/2007 From: 1700 To: 1800 Venue: YouYangs Hall*

**Poster: Volunteering as Mental Health Recovery.**

**Glenys Geytenbeek**

Volunteering Otago runs a programme that assists people in mental health recovery to find voluntary work in the community. This is intended to help with integration into their community, and progress their recovery. The programme and its ongoing development will be discussed, along with the outcomes for volunteers. There is a
need for extra assistance to volunteers in mental health recovery, which must be recognised.

**S34 Poster**  
Poster: Nicotine Replacement Therapy does it help?  
Maxie Ashton  Sue Bertossa  
Research suggest that all forms of Nicotine Replacement Therapy (NRT) can be an effective adjunct in providing support for many people when they stop smoking. The Tobacco and Mental Illness Project provides subsidised NRT products to participants registered with their smoking cessation programs. To date over 500 people have attended the program, and many of these have chosen to use NRT to help them with their attempt to quit. This paper will present evidence of NRT efficacy and share practical wisdom in guidance and issue of NRT products gleaned from the program’s direct, extensive practical experience with supporting people with mental illness to quit tobacco. The role of NRT will be presented alongside a range of supports developed within the program to meet the needs of people with mental illness who wish to address tobacco. Learning Objectives: 1. A practical understanding of the role of nicotine replacement products - what’s available, who they are suitable for, and what other supports are necessary. 2. Tobacco is a serious health and lifestyle issue for many people with mental illness. This session provides workers with the knowledge to help prepare smokers with mental illness who are planning to quit. References: NSW Health Department, Guide for the management of nicotine dependant in-patients, Summary of evidence. 2002. American Psychiatric Association, 1996, Practice Guideline for Treatment of Patients with Nicotine Dependence, American Journal of Psychiatry, 153 (10) 1-31.

**S34 Poster**  
Poster: Helping over 500 people with mental illness address tobacco; -what have they told us and what have we learnt?  
Maxie Ashton  Mark Weston  Sue Bertossa  
The Tobacco and Mental Illness Project in South Australia has been providing smoking cessation/reduction programs for people with mental illness throughout the Adelaide metropolitan area since 1998. Near to 50, 10 week programs have been run with over 500 people involved in trying to quit or reduce tobacco. The programs have been extensively evaluated with data collected pre-course and then for up to 12 months after the course to seek feedback about their experience and the results of their quitting attempt. Preliminary results have been extremely positive with 28% reporting not smoking and another 49% reduced at the end of the course. At 12 months, 14% were not smoking. What have they told us and what have we learnt:- Most people with mental illness are concerned about their smoking and many are highly motivated to quit or cut down. Many people with mental illness can quit or significantly reduce their smoking if they are provided with good information and support. Mental health services and tobacco control services are increasingly aware that there is a need to provide specific services to effectively assist people with mental illness to address tobacco. Learning Objectives: 1. The audience will learn about a positive and supportive approach to help smokers with mental illness to address their tobacco use. 2. Tobacco is a serious health and lifestyle issue for many people with mental illness. References: El-Guebaly N., Cathcart, J., Currie, S., Brown, D., Gloster, S., 2002 Smoking Cessation Approaches for persons with mental illness or addictive disorders, Psychiatric Services, 53, 1166-1170. Strasser, K.M., Moeller Saxone, K., Meadows, G., Hocking B., Stanton, J., Kee, P. 2002, in Schizophrenia, Australian Family Physician, Vol 31 (1) 21-24.
Abstracts for conference

Presentations on

Thursday 6\textsuperscript{th} September 2007

Please check Notice Board for any last minute Program Changes
S35  Keynote - Kim Mueser - Evidence Based Practices, Recovery, and the Future of Mental Health Services
6/09/2007  From: 0900 To: 1030  Venue: John Batman Theatre
Keynote Speech:  Evidence Based Practices, Recovery, and the Future of Mental Health Services
Tremendous gains have been made in recent years in the discovery of evidence-based practices for persons with severe mental illness, but there is still much work that remains to be done.  This presentation will review the criteria used to judge the evidence supporting psychosocial interventions, and summarize recent progress in research on treatment for the psychiatric population.  The relationship between recovery and evidence-based practices will be described, followed by describing the role of recovery as the guiding vision for the development of psychiatric rehabilitation approaches, and the future of mental health services for persons with severe mental illness.

S36  Forensic; Secure Units
6/09/2007  From: 1030 To: 1230  Venue: John Batman Theatre
Paper 20 Minutes:  The Impact of a changed environment on Consumers/Staff/Carers of a Secure Extended Care Rehabilitation Facility.
Mervyn Love   Daniel Nicholls   Jeffrey Daniel   James Olver
This primary object of this paper was to measure and compare the impact of the altered ward environment on the patients, the staff that care for them, and interested community members including consumer consultants and family carers. In December 2006 twenty-five male and female adult inpatients diagnosed with severe and enduring mental illness were relocated from an inadequate secure environment, to a new purpose-built Secure Extended Care Rehabilitation Unit situated at the Austin Hospital, Melbourne. The relocation presented a unique opportunity to assess how environment impacts on interventions and psychosocial rehabilitation of consumers diagnosed with severe mental illness and the subsequent implications for staff and carers. The study was conducted over a 12-month period commencing in March 2006 and concluded in March 2007 with primary testing periods conducted over a two month period, three months before and three months after relocation. Patient care and therapeutic interventions remained unchanged. Outcomes are based solely upon the impact of the altered environment. Measures included focus groups of consumers, carers and staff as well as various questionnaires and environmental monitoring. Learning Objectives: 1. Delegates will gain increased insights to the benefits of a properly constructed environment for those with a severe and enduring mental illness. 2. Delegates will gain an increased understanding of how research can include both quantitative and qualitative measures via input from all stakeholders. References 1. Brugler C. J., Titus, M., Nypaver G. M. (1993) Relocation stress syndrome. A patient and staff approach. Journal of Nursing Administration. 23(1):45-50, Jan.2. Lord, J., Ochocka, J., Czarny, W., MacGillivary, H. (1998) Analysis of change within a mental health organization: A participatory process. Psychiatric Rehabilitation Journal. Vol 21(4) Spring, 327-339.

S36  Forensic; Secure Units
6/09/2007  From: 1030 To: 1230  Venue: John Batman Theatre
Paper 20 Minutes:  Mental health screening of juvenile offenders within the Children’s Court in Brisbane.
Melissa Branjerdporn   Nicole Mikolich   Robert Kusumamuriwo
Young people who come to the attention of the criminal justice system often present with a range of mental health issues. Historically these mental health issues may have gone undetected or have been misinterpreted. Furthermore young people who have mental health issues often experience difficulties in accessing appropriate mental health services in a timely manner. The Child and Youth Forensic Outreach
The Child and Youth Forensic Outreach Service (CYFOS) is a community-based consultation-liaison service working in southern and central health districts in Queensland. CYFOS was formed in response to the Queensland Forensic Mental Health Policy 2002, which stated that despite high prevalence rates for mental illness, young offenders do not engage with, and often do not have equitable access to, the range and quality of mental health services available to the general population. The CYFOS brief is to enhance identification, improve access and to support service providers in working with young people with mental health and juvenile justice issues. The provision of training to service providers, specifically Child and Youth Mental Health Service and Youth Justice Service is a key strategy in achieving this goal. This presentation will address the development of CYFOS training packages to meet identified gaps in the skills and knowledge of service providers. It will focus specifically on the package regarding Working with Children and Adolescents with Sexually Inappropriate and/or Abusive Behaviours. During the delivery of these training packages, pre and post measures were collected to measure change in participant knowledge, skills and confidence to implement the acquired information. Learning Objectives: 1. Participants will learn about the development of a CYFOS training package for staff working in CYMHS and Youth Justice Services ie Working with Children and Adolescents with Sexually Inappropriate and/or Abusive behaviours. 2. Participants will learn about the evaluation process and key training outcomes of CYFOS training packages. References: Hengeller, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). Multisystemic treatment of antisocial behaviour in children and adolescent. New York: Guildford Press. Lea, S., Auburn, T., Kibblewhite, K. (1999). Working with Sex Offenders: The Perceptions of Professional and

**S36 Forensic; Secure Units**
6/09/2007 From: 1030 To: 1230 Venue: John Batman Theatre
Paper 20 Minutes: Being in the know: accessing information in the everyday context of a tertiary mental health facility.

**Debby Clarke**
Being in the know: accessing information in the everyday context of a tertiary mental health facility. Good information is widely acknowledged as a cornerstone of meaningful participation in mental health services. Access to information has a foundational role as a necessary but not sufficient condition in models of participation. Good information has been identified as a key priority for service development by consumers of mental health services, whilst the lack of accessible information has been recognised as a major barrier to participation by mental health staff (Pollock, Grime, Baker & Mantala, 2004; Anthony & Crawford, 2000). Despite the acknowledged importance of good information in mental health services there has been very little attention given to consumers’ specific needs and preferences, or to the practicalities of providing information in a way that is both accessible and acceptable. The aim of this paper is to review the literature on accessible information in mental health and consider what this means for the practical business of providing equitable access to information in a tertiary mental health facility. Implications for practice will be explored with a view to providing provisional guidelines for making information more accessible. The need for further research is also highlighted, particularly in the situated practice of accessing information in mental health care settings. Learning Objectives: To obtain an overview of what is known about making information more accessible to consumers of mental health services and the implications for practice. To highlight the importance of attending to the situated practice of accessible information in consumer participation. References: Pollock, K., Grime, J., Baker, E., & Mantala, K. (2004). Meeting the information needs of psychiatric inpatients: Staff and patient perspectives. Journal of Mental Health, 13(4), 389-401. Anthony, P. & Crawford, P. (2000). Service user involvement in care planning: the mental health nurses’ perspective. Journal of Psychiatric and Mental Health Nursing, 7, 425-434.

**S37 Workforce**
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 7

**Heidi Freeman**
The presentation outlines developments in the Mental Health Co-ordinating Council's NGO Development Strategy. MHCC has undertaken strategically designed initiatives to strengthen the capacity of NGOs providing mental health services. Particular attention has been paid to workforce development, reflecting the very significant benefits this field provides. MHCC has established a Learning and Development Unit, with accreditation as a Registered Training Organisation (RTO) and is offering both accredited and non-accredited training specifically tailored to the needs of the sector. MHCC research highlighted a strong need to train new workers and those in frontline services. In response MHCC developed training in competencies aligned to the Certificate IV in Mental Health Work (Non-clinical). Training was piloted in rural and metropolitan settings and will shortly be extended to include the entire Certificate IV qualification. It directly meets sector needs in terms of content, philosophical base, financial and geographical accessibility, whilst also accommodating time and staffing constraints and was developed with broad stakeholder involvement. MHCC has developed additional resources including short courses, a training calendar and a newsletter about sector development. We are developing more resources to assist...
in: • understanding the VET sector. • staff development. • recruitment to the sector.


S37 Workforce
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 7
Lennart Reifels
This paper will present the results of a qualitative pilot study which investigated workforce challenges within the Victorian Psychiatric Disability Rehabilitation Support (PDRS) service sector. The study had the two-fold aim of investigating workforce challenges at both the micro level (i.e. challenges in support workers' daily practice), as well as, at the macro-organisational level (e.g. in regard to such issues as staff demand and staff turnover). To this end semistructured interviews were conducted with staff managers and key informants within the sector in order to obtain a condensed birds-eye view of the challenges involved at both levels. Interviews were then analysed thematically involving the software NVIVO. The results of the study identify the nature and scope of workforce challenges as these currently present within the Victorian PDRS sector. Findings will further be discussed within the context of the sector as a changing work environment. The study results will have implications for PDRS service development as well as for the planning of appropriate staff support strategies and training in the future. Learning Objectives: 1. Audience members will be able to develop a better understanding of the nature and scope of workforce challenges as these currently present within the Victorian PDRS sector. 2. The study results have implications for PDRS service development and the planning of appropriate staff support strategies and training in the future. References: Blankertz, L., & Robinson, S. E. (1997). Recruitment and retention of psychosocial rehabilitation workers. Administration and Policy in Mental Health, 24(3), 221-234. Gray, J. (1999). How are you? The mental health and wellbeing of Psychiatric Disability Support Workers. New Paradigm (October), 27-28.

S38 Cultural background
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 6
Paper 20 Minutes: A study of the prevalence and peculiar features of mental disorders in a cohort of Italian-Australians undergoing counseling.
Carmelo Pollicina
This study derives from the consideration that causes and symptoms of psychological malaise are, in great part, culturally determined. It gives an overview of the prevalence of specific mental disorders in the Italian-Australian population on the basis of both counselling experiences and a pilot study conducted towards this aim by the Author. Following a general premise on the social, economical, and cultural background of Italian-Australians, the study goes on to analyse differences in prevalence of general and specific mental disorders according to age and gender, presenting culturally oriented inferences for such differences. Two major categories of mental disorders will first be examined: the anxiety disorders and the mood disorders; a subsequent analysis of differences in more specific pathologies will then be made; these will include: phobias, panic, obsessive-compulsiveness, post-traumatic stress, depression, schizophrenia, somatization, anorexia, and severe cognitive impairment (as in dementia). Explanations for age and gender differences
are presented keeping in mind influencing aspects such as: cultural determinants; stressful or traumatic determinants, insecurity accompanying migration, demographic factors, psychological factors, affective-relational factors, and factors connected with physical and mental involution accompanying aging.

S38 Cultural background
6/09/2007  From: 1030 To: 1230  Venue: Bellarine 6
Paper 20 Minutes: Chaining the Unchained Melody: bridging service gaps for Chinese carers by utilising bilingual brokerage model and illustration from carers’ stories.

Shun Shing (Noris) Ma

The paper presents personal stories shared by Chinese-speaking carers caring for their loved ones with a mental illness, and how an innovative Bilingual Brokerage Model used by the Transcultural Mental Health Centre (TMHC) has helped them to come to grips with their ordeals and eased their anguish and burdens. TMHC pioneered the CALD Carer Support Program to reach out and provide support for carers from twelve culturally and linguistically diverse (CALD) communities in Sydney. With a limited budget, the Project uses the Model to train bilingual group leaders to engage and unlock the cultural and linguistic barriers, which sometimes are the key stumbling blocks that hamper carers' access to services. Chinese is one of the communities who receive support and information through their participation in a language-specific support group, facilitated by a Chinese Bilingual Group Leader. The group has met for four years, unearthed many issues and made many links for carers. Their stories shared at this conference will unveil various issues and difficulties experienced by Chinese carers, the impact on their health and well-being, the gaps in service provision, and how their quality of lives have improved after they received support and accessed services. Learning Objectives: 1.a. The barriers experienced by people from CALD communities, particularly the Chinese-speaking community, in accessing mental health services b. The psychological and psychosocial problems faced by carers and how these impact on their health and well-being c. How the Bilingual Brokerage Model, using sessional bilingual group leaders, improved carers' access to services and improved carers and consumers' quality of life. 2.a. It identifies some service gaps in public sector mental health services that undermine access by CALD communities, b. It introduces the Model that has great potential in being adapted by mainstream mental health services and NGOs to improve their service delivery to CALD populations. It illustrates the benefit (cost-effectiveness) of using this Model to alleviate psychological and psychosocial distress for carers, and to improve their access to services, confidence and their quality of life. References: B McDonald & Z Steel, Immigrants and mental health, Sydney, Transcultural Mental Health Centre, 1997; Multicultural Mental Health Australia, National Ethnic Disability Alliance, Australian Mental Health Consumer Network & Commonwealth Department of Health and Ageing, Reality check: culturally diverse mental health consumers speak out, MMHA, Parramatta, 2004.

S38 Cultural background
6/09/2007  From: 1030 To: 1230  Venue: Bellarine 6
Paper 20 Minutes: Including the excluded: delivering innovative psycho-social rehabilitation to people from culturally and linguistically diverse backgrounds.

Steve Bailey  Nhung Tran

The NEAMI service in Liverpool NSW delivers the innovative Housing and Accommodation Support Initiative (HASI) psycho-social rehabilitation service in a community where 38% of the population was born overseas and 62% speak a language other than English. The under representation of people from Culturally and Linguistically Diverse (CALD) backgrounds was identified by the Social Policy Research Centre in their monitoring and evaluation of the HASI program and
evidence will be presented that shows that this has now been addressed by this service. The service has deliberately recruited a culturally and linguistically diverse staff that speaks 11 of the 109 local languages and has built partnerships and linkages with the local CALD community which have enabled culturally appropriate and effective psycho-social rehabilitation for this previously under-represented client group. Improved recovery for consumers when psycho-social rehabilitation is delivered in their own language has been significant, and is reflected in the positive changes in consumers’ Global Assessment of Functioning (GAF) and Camberwell Assessment of Need (CAN) scores. This paper describes the challenges in recruiting, training and managing a team where for most English is a second language and how these have been overcome in the application and development of evidence based best practice. Learning Objectives: 1. To learn about the significant improvements in consumer mental health and community participation that can come from employing staff of the same language and cultural group as the psycho-social rehabilitation service consumers. 2. Under-representation of consumers from culturally and linguistically diverse backgrounds receiving service in the NSW Housing and Accommodation Support Initiative (HASI) has been identified through the external monitoring and evaluation of the program however the NEAMI Liverpool service has clearly demonstrated how this group can be included in this innovative program. References: Muir K., Daddich A, Abello D., Bleasedale M., Fisher K.. HASI Report III. Social Policy Research Centre, Sydney, 2006. http://www.sprc.unsw.edu.au/reports/HASI_Report_III.pdf Slade M, Thornicroft G, Loftus L, Phelan M and Wykes T. Camberwell Assessment of Need. Royal College of Psychiatrists, London, 1999. American Psychiatric Association. Global Assessment of Functioning, DSMIV-TR, p34. American Psychiatric Association, Washington, 2000. Liverpool City Council website. http://www.liverpool.nsw.gov.au/scripts/viewarticle.asp?NID=26639

S38 Cultural background
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 6
Paper 20 Minutes: Mental Illness and Christian Culture.
Fiona Denham
Ignorance and judgemental attitudes towards mental illness are alive and well within New Zealand 'Christian' culture! Fiona Denham has suffered for 17-years with a severe biological treatment resistant depression, a generalised anxiety disorder, episodes of debilitating anorexia nervosa, bulimia, and obsessive compulsive behaviours. Her autobiography, published in 1996 during her 15-years as a Salvation Army minister, provoked considerable media attention. The honest and challenging story of a Salvation Army minister's experience of significant mental illness, including several suicide attempts, and her parallel faith journey of struggle and doubt was considered by many as un-'Christian'. This paper comes from Fiona’s work as a minister, her own struggle to cope with mental illness within Christian culture, and through sharing the struggle of others on a similar journey, in the process discovering a theology and understanding of God that is big enough to embrace and make sense of her own and other's experiences. This paper identifies attitudes and beliefs that can create guilt, shame, isolation and greater distress for someone with mental illness. How issues such as diagnoses, hospitalisation, medication and suicide are viewed by many ‘Christians’, and why it is so hard to be honest about mental illness within a Christian context. Learning Objectives: 1. Participants will learn how to better support people to challenge unhelpful aspects of Christian culture, while gaining strength and hope from their spiritual journey. 2. There is a growing recognition that spirituality is an important theme in recovery. It is a vital component of many people's lives and can be a significant source of strength in their journey of mental illness. References: Kia Mauri Tau Narratives of Recovery from Disabling Mental
Out Doors Inc. (ODI) is unique amongst other psychiatric disability support services and mental health organisations due to its approach to service delivery. Through our challenging programs we intentionally use three elements to offer a broad spectrum of interventions to participants. 1. Nature/Outdoors/Bush; 2. Small Groups; 3. Physical activity/Adventure. The result is a holistic approach that goes well beyond traditional models of psychosocial rehabilitation and planned respite. This workshop will lead on from the paper presented in the 2003 TheMHS Conference, Thank God you’re not therapists. Through the example of our Two-Month Adventure Program, we will explore the model of Experiential Learning and how we integrate it with the three elements of nature, small groups and adventure to achieve positive outcomes for participants. The workshop will engage audience in practical activities and discussion around this model and how it can be used to facilitate positive change with many client groups.

There is increasing awareness of the increased physical health risks that people with a mental illness face. What strategies is SANE undertaking to improve the physical health of people with a mental illness? People with mental illness tend to have more physical illnesses and are likely to die 25 years earlier, on average, than members of the general population. This increase in mortality and morbidity is attributable in large part to preventable conditions such as cardiovascular disease, diabetes, respiratory diseases, and infectious illnesses. These conditions are more prevalent due to lifestyle factors, such as smoking and other drug use, poor diet and activity levels, obesity and unsafe sexual practices. Lifestyle factors are influenced and exacerbated by poor living conditions and social networks, poverty and by the side effects of treatment for the illness. Ready access to good physical health care in another significant factor for this higher morbidity and mortality. SANE Australia has long been concerned with the physical health of people with mental illness and has developed its comprehensive Mind and Body program to address the issue. This symposium will provide an overview of the SANE Mind and Body program including evidence for its existence, recent investigations, education resources developed, advocacy/campaigning activities and future directions. Learning Objectives: Attendees will: 1. Better understand the physical health issues affecting people. 2. Be introduced to recent research findings. 3. Better understand the approach used by SANE to improve the physical health of people with a mental illness. References: ‘Lawrence D, Holman CDJ, Jablensky AV. Duty to care: preventable physical illness in people with mental illness. Perth: The University of Western Australia, 2001. Available at: http://www.populationhealth.uwa.edu.au/welcome/research/chr/chsr/consumer_info/duty_to_care. Morbidity and Morality in People with Serious Mental Illness. National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council. October 2006. Editors: Joe Parks, Dale Svendsen, Patricia Singer, Mary Ellen Foti. SANE Australia, Mental Illness and Keeping Well, 2006, SANE Research Bulletin 2.
Workshop 1 Hr: Promoting recovery and hope within a Strengths Based approach.

Yvette Jaczina  Marlene Lamprell

St. Luke’s has a long term commitment to the development of the Strengths Based approach within community services work. This approach is the foundation for work within the organization’s mental health services and has been the catalyst for the development of self assessment and measurement tools for working alongside people who experience mental illness. The organizations expertise in working with this approach has provided many opportunities to view the benefits of working within a Strengths Based framework alongside people who experience mental illness. Exploring the person’s experience from the Strengths Based approach allows for a journey beyond the illness story and encourages the client to develop awareness of their own skills and resources, their strengths in effect, enabling them to put these skills into practice as they tackle the issues and problems they come up against. This approach acknowledges the person’s expertise in their own journey, encourages hope for recovery and equips the person to manage their mental health more effectively. As the person’s knowledge of their own skills increases, and they more effectively manage the crisis and challenges they face, their capacity to live an independent and fulfilling life, with more choice, is strengthened. This workshop will provide some exposure to the techniques and some tools used in working within the strengths approach. This will involve, for example, some discussion and an opportunity to practice the use of exploring exceptions; the times when the problem is absent or less of a problem, and what the person is doing, or what is happening for the person at these times. So in a mental health context; what is happening for the person when they are not depressed, what is it that they are doing at these times? And how can this foundation be built upon. The workshop will be interactive with small group discussion and time allocated to work with tools and techniques. It will be of value to those who are interested in developing their understanding of the Strengths Based approach. Learning objectives: 1.Participants in this workshop will have exposure to, and learn about, the techniques and tools of the Strengths Based approach to working with people who experience mental health issues. 2.This session will explore the benefits of working from a Strengths Based approach with people who experience mental health issues, and describe some outcomes for this client group. References: Brooks, M. (2002), Sharing the Journey, New Paradigm Press, North Fitzroy, McCashen, W. (2005), The Strengths Approach, Innovative Resources, Bendigo

Symposium 1 Hr: Assisting people with a mental illness get and keep work: Implementing best-practice.

Gafa Tuiloma  Bridget Organ  Perry Nichols  Geoff Waghorn  Eoin Kilackey  Donna Ritchens

This symposium will review the evidence for best-practice in assisting people with a mental illness get and keep a job. Presentations from two sites in Melbourne will follow one reporting on a Randomised Controlled Trial, and the other focusing on the partnership arrangements that enabled this approach to be implemented within an area mental health service. The experiences of a consumer engaged in this program will be included. The unifying theme is best-practice in employment evidence and implementation. Learning objectives: 1.Gain an understanding of what constitutes evidence-based practice in employment services for people with psychiatric disabilities; 2.Work is a major recovery goal for many people with a mental illness
and is receiving increasing attention from the federal government. The audience will learn about how to work with people and organisations to best address employment goals. People with psychiatric disabilities seeking employment need the best evidence-based services. The strongest predictors of employment outcomes among people that want to work, are not individual or illness characteristics, or even readiness factors. The strongest outcome determinants are the nature of the employment service provided. In Australia sophisticated systems of vocational rehabilitation and disability employment have evolved independently of the international evidence-base identifying the most effective service ingredients. This paper will review the evidence from the highest quality international research identifying seven key ingredients for best-practice eligibility is based on consumer choice; employment services are integrated with treatment services; competitive employment is the goal; rapid job search; individualized job search; on-going support; benefits counseling. Implementation issues will be considered in the light of both the state funded health care system and the commonwealth funded employment system. Paper 2 -20 minutes. Title: Vocational Rehabilitation in First Episode Psychosis: Results of the First Australian Randomised Controlled Trial of Individual Placement and Support. Presenter: Dr Eoin Killackey, ORYGEN Youth Health. Individual Placement and Support (IPS) is a vocational intervention which has been developed and trialled successfully in populations with chronic serious mental illness in America. This paper will present the results of a study which aimed to examine the efficacy of IPS in a RCT with people with first episode psychosis. Method: Clients of EPPIC at ORYGEN in Melbourne who wished to find work were randomised to treatment as usual (TAU) (n=21) or TAU+IPS (n=20). Results: Results to be presented will show that clients in the IPS group achieved greater employment outcomes than those in the TAU only group. Other results will be presented examining symptomatic and functioning factors. Conclusion: There is an increasing recognition that the rehabilitation of people with mental illness needs to take into account functional as well as symptomatic domains. While there are structural obstacles making this more difficult, the current project shows what is possible with minimal extra resources. Paper 3-20 minutes. Title: Establishing Evidence Based Employment. Presenters & Authors: Gafa Tuiloma, Bridget Organ, Perry Nichols Mental Illness Fellowship Victoria, in partnership with St Vincent's Mental Health, is providing a high fidelity evidence-based disability employment service. This project began in February, 2006. The initial stages involved high level commitment from both organisations, the delivery of in-service evidence based training, the establishment of an implementation group and identification of project champions. Both partners were committed to a rapid implementation plan and a willingness to solve issues as they arose. A full-time employment specialist has been working at Hawthorn Community Mental Health service since April, 2006; already this approach has been delivering high employment rates.

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: From nowhere to Peer.
Michael Nanai
I have been working in mental health over 3 years, starting as a volunteer then eventually as a paid support worker. I am now a peer specialist with CNAHS, peer support worker with SAHS, and community support worker. My roles with the various services differ in the kind of support that I can offer. It is also conflicting because with one position I can advocate and with others I cannot. In an acute inpatient setting and the community, I can talk about my life experiences, how recovery plays a big part in self-management of my mental illness, consumers’ early warning signs, especially what led them to be in an acute setting. I focus on their strengths and parts of their lives that seem to be in turmoil. I’ve found some issues may be too sensitive
or too complex to tackle so I just focus on parts of their lives that they’ve found to be most manageable, most within their control and that they are most at ease with. Throughout the 3 years, I’ve experienced and learned things about myself, the people I have supported and the system in which I work which I will discuss with the audience. Learning objectives: 1. They will gain awareness of how a paid peer experiences their work with a mental health setting and some of the challenges that they face. 2. Mental health services are increasingly employing consumers as peers, so it is important that they understand the peers; journey and what learning and other needs they have and what they can offer.

S41 Snapshots  
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3  
Snapshots - Brief Papers 10 minutes: Inclusion of Consumer Researchers: sharing the secret knowledge of research.  
Nicola Hancock, Mark McMahon, Anita Bundy  
Without adequate and appropriate training, the consumer is excluded from taking a significant role in mental health services research. Consumer-led or collaborative research is a new and growing phenomenon, and a principle espoused in national and international mental health policies. Recent Australian research has employed consumers as researchers in tool development and evaluation of consumer satisfaction with service(1). Significant barriers remain however in translating this principle into general mental health research practice. A poverty of research training specifically developed for consumer researchers is one such barrier. Without adequate training opportunity, the consumer remains a tokenistic assistant in the research process. This presentation will outline training modules developed with support of a Rotary mental health fund grant. Using an adult learning framework developed by Vella (2), each module engages the consumer in identification of prior knowledge and engagement in a series of exercises through which principles and practices of research are actively learnt. Consumer researchers, by engaging in the training modules, have obtained the knowledge and skills required for empowered, knowledgeable participation within the research team. Training modules have enabled research to become embedded within the Clubhouse program rather than being an exclusive, stand alone process. Learning Objectives 1: Delegates will learn about the details within, and availability of training modules specifically developed to empower the novice consumer researcher with the skill and knowledge required for genuine collaborative research practice. 2. With national and international policies calling for inclusion of consumers in service evaluation and research, this presentation will provide practical knowledge of resources available to reduce barriers to the implementation of collaborative research practice. References: 1. Viney, L.L., Oades, L.G., Strang, J., Eman, Y., Lambert, W.G., Malins, G., Morland, K., Tooth, B.A. A framework for consumers evaluating mental health services. University of Wollongong, Illawarra Institute for Mental Health. http://www.uow.edu.au/health/iimh/pdf/viney_etal.2004_ceomhs_finalreport.pdf retrieved June 2006. 2. Vella, J. (2002). Learning to listen, learning to teach: the power of dialogue in educating adults. San Francisco, CA: Jossey-Bass.

S41 Snapshots  
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3  
Snapshots - Brief Papers 10 minutes: Addressing the Information Needs of Consumers of Mental Health Inpatient Units  
Maria Ftanou, John Barnes, Shane Evans, Anna Love  
Psychiatric admissions are often considered traumatic experiences by consumers and their carers. The inadequacy or the lack of information are ongoing concerns for consumers and carers of psychiatric inpatient services. To address these concerns an Admission Information Group has been developed as St Vincent Mental Health
Inpatient Unit in Melbourne. The aims of the weekly Admission Group are to 1. provide consumers with the opportunity to discuss their perception and feelings about the admission 2. to identify areas where consumers lack information or have received inadequate information 3. to provide information for consumers regarding their admission and treatment and 4. to provide an opportunity for consumers to meet other consumers and share their experiences. The group is facilitated by two clinical psychologists and a consumer consultant. All participation in the group is voluntary. The admission group improves the consumers understanding of their admission and treatment, provides professional awareness of the consumers understanding and experience of their illness, their treatment and has identified that consumers in the group require further information on: mental health status, rights regarding voluntary and involuntary status, medication, prognosis, staff roles and safety. Learning Objectives: 1. Understanding how consumer's experience their hospital admission. 2. Identifying the Information needs of consumers of mental health inpatient Units. References: 1. Meeting the information needs of psychiatric inpatients: Staff and patient perspectives. By: Pollock, Kristian; Grime, Janet; Baker, Elina; Mantala, Kalli. Journal of Mental Health, Aug 2004, Vol. 13 Issue 4, p389-401. Patient and carer perceptions of need and associations with care-giving burden in an integrated adult mental health service. By: Cleary, Michelle; Freeman, Adele; Hunt, Glenn E.; Walter, Garry. Social Psychiatry & Psychiatric Epidemiology, Mar 2006, Vol. 41 Issue 3, p208-214.

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: A Consumer Based Shed - Building a Better Life.
Trevor Ian Brown
In the fast paced world that we live in; full of demands, work pressures, unemployment, family hassles etc., we often forget about our own personal health, both mental and physical, until it is too late. Once this happens, the distresses of mental illness impacts greatly on many areas of our lives. For many of us, attempts to get help from mental health services has seen us begin our journeys to recovery, only to find ourselves part of the way and still needing help. As consumers, this frustration fuelled our passion for change. Out of the 2004 TheMHS conference, an idea of a self help group was conceived to supplement existing health services in our area, but not to replace them. It took another 18 months for the concept to come to fruition and we are now in our second year. The group was started by people with some type of personal battle in their lives that stopped them from living a full and contented lifestyle. This paper describes our struggles, achievements and our growth over the past 2 years from 3 members to 46 and still growing. Learning Objectives 1: Paper describes how consumers can set up and run a self help group and sustain it. 2: Helping consumers re-integrate back into the main stream society.

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Recovery from Depression - A blueVoices perspective.
Lyn Chaplin   Lisa Allwell   Marion Wilde
Depression is an illness which is common and treatable. The immense impact on both the person experiencing the depression as well as that person’s family and friends is something that we all need to consider. Everyone has a role in supporting someone with depression and assisting them access appropriate services. This presentation focuses on the progression of one person from being a fun-loving, highly functioning wife and mother to a completely non-functioning suicidal wreck. It then follows her pathway to recovery and on to advocacy which has led her to
become a Project Officer with beyondblue: the national depression initiative and Chair of blueVoices, the consumer and carer reference group for beyondblue. The vision for blueVoices is to give voice to people living with depression, anxiety and related disorders in Australia. Everyone’s personal experience of depression is different and individual. Lyn’s inspirational personal story and her work with blueVoices uses the power of the lived experience of depression to advocate and raise awareness about depression and to encourage people to seek out the many options available to get help and support. Learning Objectives.1: To learn about the journey from depression to recovery from a consumer perspective.2: To understand how consumer advocacy through blueVoices can change attitudes, raise awareness and empower people.

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: A Consumer Studying for a Graduate Diploma in Community Mental Health.

David Guthrie
This is a Monash University course that I completed last year. It is offered by distance education and assessment is usually by two papers per subject of 3-4 thousand words. There were two contact days per semester but attendance at these was not compulsory. I made it clear in my application to enrol that I was a consumer and had been active in various types of participation in mental health services. My first degree was a BA from Melbourne Uni in logic and philosophy. In writing the papers I was able to draw on my consumer experience and perspective and also that of other consumers who I have worked with. At Monash Uni the tutors and markers of papers always respected this consumer input and have been prepared to reward it with high marks, if carefully argued and accompanied by suitable references. Most of the other students were nurses but as a consumer I always got the impression that the consumer perspective that I had was an advantage, if channelled into the academic type of writing. So I would say that the course was accessible and friendly for consumers. Learning Objectives: 1. This course of study is worth considering by consumers who work, or intend to work in services, given that they may meet the entry criteria. 2. Consumers who complete the course will have more options for developing their consumer perspectives in participation in services. References: Stein CH (2005) Aspirations, Ability, and Support: Consumers’ Perceptions of Attending College, Community Mental Health Journal, Vol 41, no 4, August, pp 451-468. http://www.monash.edu.au/study/coursefinder/course/1976/

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Norwood Unscripted- Concept to Completion.

Meena Chandran Helen Defreitas
The production of Norwood Unscripted, a book charting the journey of Norwood PDRSS, has been a crowning glory for the organisation to commemorate 20 years of selfless service to its consumers. Born out of the shift in the political climate of de-institutionalisation of the mentally ill and a re-focus from hospital to community care, Norwood has retained its philosophy and culture of reflecting the preferences and desires of the people we serve. The work of a group of people with no journalistic traits or experience, Norwood Unscripted, reflects the unique fabric of consumer participation, rendering a common voice to the countless consumers who have graced our portals. Our aim is to share with you the rewarding experience of working with past and present consumers, carers, staff, board members and the community to bring a project to fruition through ‘Norwood Unscripted’. A professional learning curve, this helped us re-focus our commitment on the strengths of our
consumers. This book is evidence of our belief that empowerment of people marginalised by mental illness, comes from the commitment and perseverance of mental health professionals who are prepared to work with and for these people in order to foresee a mentally healthy society.

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Ghost Train or Roller Coaster? The experience of including consumer perspective education in the mental health workforce.
Wanda Bennetts

More than ever before, health professionals are being asked to consider what they do from the perspective of those receiving services. This can be both confronting and exciting. Increasingly, the vehicle for consumer perspective is education & the opportunities for including this perspective in training are numerous and growing. In recognition of this, NorthWestern Mental health has formally created a consumer training consultant position. This paper shows how one organisation is developing such a pivotal role and then gives participants the opportunity to explore how they think consumer perspective education contributes to the workforce knowledge, skills and attitudes. It documents the ride over three years in this position, much of which can be likened to the thrills and spills encountered at Luna Park. Therefore this paper will show how a consumer training role was developed in mental health and what impact that role has had on an organisation and its workforce. Learning objectives:
1. The audience will learn how a consumer training role as developed at NorthWestern Mental Health 2. The audience will learn how a dedicated consumer training role can impact on the training of the mental health workforce

References:

S41 Snapshots
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Strategies and Framework considerations for Enhanced Consumer and Carer Participation in Mental Health Services.
Michael Burge

The aim of this paper is to outline the strategies that are utilized to enhance Consumer and Carer Participation (CCP) within Qld Mental Health Services. CCP is important to ensure compliance with the National Standards for Mental Health Services, the Second National Mental Health Plan and the 10 Year Mental Health Strategy for Queensland. The strategies used require the Consumer Consultant (CC) to conduct ongoing consultation with staff, consumers, carers, and external organisations. The Consumer Consultant will discuss the strategies identified, activities, benefits, risks/barriers, outcomes and people involved. The implementation of these strategies continue to both inspire and encourage the development of further processes that facilitate participation of consumers and carers within Toowoomba and Qld mental health services. Learning Objectives: 1. Audience will learn about the strategies implemented within the Toowoomba District Mental Health Service and have the opportunity to discuss the benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important the role of Consumer Representatives is in voicing of consumer views and encouraging participation at every level in the organisation.
S42 1. Workshop on Cognitive Therapy
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Workshop 1 Hr: Mindfulness Based Cognitive Therapy - a introduction in theory and practice
Graham Meadows

Mindfulness-Based Cognitive Therapy (MBCT) combines cognitive therapy and mindfulness meditation in an eight-week group instruction course delivered as post-acute phase therapy for relapse prevention of major depression. Randomised controlled trials from Canada and the United Kingdom indicate that MBCT reduces relapse among people who have recovered from episodes of depression, particularly people who have had three or more depressive episodes. This workshop will be led by Professor Graham Meadows. Professor Meadows has trained in MBCT in North America, has trained other therapists in the technique here in Australia and heads a major NHMRC grant studying its translation into routine practice in Australia. The workshop will begin with the presentation of the history and theoretical background of MBCT and will then feature a number of experiential exercises and group discussions adapted from the MBCT clinical group program. The workshop will serve to give participants an understanding of the theoretical background to MBCT, of the training requirements for therapists who wish to engage in this kind of work, and of its implications for people receiving the therapy. Learning Objectives: 1. Workshop participants will leave with an understanding of nature and applicability of MBCT and a direct sense of the process and content of MBCT both for participants and therapist-instructors. 2. Attendees of various types will gain something from this workshop. Therapists may understand better whether they might like to seek out training in MBCT, consumers will be better informed about whether they might find the approach personally helpful, and carers will gain some sense of the supports that might assist someone going through MBCT in making best use of the opportunity that an MBCT group provides.


S42 Workshop on Psychosocial interventions
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Workshop 1 Hr: Psychosocial interventions to manage acute agitation in inpatient psychiatry: gathering up the pieces of the puzzle.
Bridget Hamilton  Jeffrey Daniel  Chris Rogers  Daniel Nicholls  Mervyn Love  David Castle

The aims of this workshop are: To share what three services have learned from their use of a particular program for assessment & management of early signs of acute agitation; To further develop our thinking regarding problem definition, context; issues, interpersonal elements and productive ways of conceptualising this work. Since 2002 a program to assess and intervene in episodes of acute agitation has been implemented in four acute inpatient units and one rehabilitation inpatient unit, across three different mental health services in metropolitan Melbourne (Castle et al 2005). Nurses and researchers involved in these separate projects come together to share the intentions and impacts of this practice change, in the various settings. Using these experiences and related research evidence to set the scene (20mins), the workshop session (60 mins) will be devoted to exploring the gaps in current evidence, regarding contemporary approaches to acute agitation. Workshop participants will contribute to a facilitated debate about the key concerns and related key research questions that require attention internationally (Brennan et al 2006), to build the

S43 Workshop on Writing to Recovery
6/09/2007 From: 1030 To: 1230 Venue: Bellarine 1
Workshop 1 Hr: Using Writing Techniques to Assist your client’s Recovery.
Lee Kofman Dianne Friend

Over the past few decades, writing has become generally recognised by many mental health professionals, in clinical and non-clinical settings, as an important component of their practice in promoting wellness. Writing can be applied either as a self-contained intervention or as a therapy adjunct - both in group and one-to-one settings. Writing techniques assist practitioners to establish a better quality relationship with clients and to open a new space for discussion, which can often go deeper than merely verbal communication. Re-framing of clients' painful experiences to create hope and support gradual change also form part of interventions. Practitioners can also apply writing techniques to communicate messages to clients in more creative ways. Similarly, clients have talked about the importance of writing techniques in their recovery. For example, researchers have found that writing assists dealing with intrusive thoughts and painful memories, improves insight and self-awareness, provides alternative positive identity, validates life experiences and promotes more dynamic existence. When writing is used in a group setting, it also entails social benefits. Major benefits of using writing as an intervention tool within mental health services are that this method promotes client empowerment, builds on the person’s strengths rather than shortcomings, and also because clients can practise writing in their own time according to their preferences and needs. Further, the practice of writing doesn't require any particular skills apart from basic literacy. While some of the outcomes described can also be achieved through other forms of creative arts, the use of writing is distinguished by being cost-effective. It does not require costly materials. Therefore, employing writing more extensively and systematically within mental health services can be a good vision for 2020.

Workshop Aims & Content. Currently writing techniques are used widely by US and Western European (especially UK) practitioners, however the Australian mental health sector is largely unfamiliar with such practice. In the proposed workshop, Lee Kofman and Dianne Friend aim to present their innovative framework for recovery based on writing techniques that includes the following five steps: opening up, releasing emotions, understanding yourself better, re-framing your past experiences and learning to dream again. This framework has been designed using the facilitators' complementary expertise as practitioner-educator and consumer-educator. This workshop is therefore useful for both practitioners and people with lived experience of mental illness. The most effective therapeutic writing techniques will be discussed: free-flow writing, journaling, letter writing, poetry and life writing. The participants will experience writing technique exercises and discuss new, creative ways to work towards recovery in mental health practice and/or personal practice. The facilitators will also share their personal experiences of using writing for their own well-being. They can both relate to the famous saying by novelist Graham Greene: Writing is a
form of therapy; sometimes I wonder how all those, who do not write, compose, or paint can manage to escape the madness, the melancholia, the panic fear, which is inherent in a human condition. Brief Workshop Plan: Facilitators will discuss the benefits of writing with the participants; Dianne will share her own lived experience of using writing to support recovery; Lee will share her experience as a practitioner in assisting her clients' recovery using writing techniques. Facilitators will present the five-steps recovery framework and answer participants' questions. Participants will do writing technique exercises: first the free-flow writing exercise, and then practice how to analyse such a spontaneously written text through use of guided questions; Discussion with the audience about how they can use writing in their practice and/or personal lives. Learning Objectives: 1. The audience will learn a five-steps framework for recovery based on writing techniques, and some specific writing techniques. 2. As aforementioned, writing can be an effective tool to promote good mental health and well being. It is a low-cost and highly effective intervention which is currently underused in the Australian mental health services. It can be utilised in the sector more widely for different strategic purposes, such as prevention, early intervention, and relapse prevention. References: 1. Bolton G. (1999), The therapeutic potential of creative writing, Jessica Kingsley Publishers, London 2. Sampson F. (ed.), Creative Writing in Health and Social Care, Jessica Kingsley Publishers, London.


Helen Paris Hamer Debra Lampshire

Despite improvements in pharmacotherapy, and changes in service delivery models, a number of people remain distressed by medication-resistant positive psychotic symptoms (PPS). People experiencing these symptoms often feel isolated, have poor social contact and quality of life. They experience higher levels of anxiety, depression and suicide than the general population. Current research suggests medication resistant symptoms of severe mental illness (SMI) can be helped by psychosocial treatment, based on the cognitive model (Bentall, 2003; Morrison et al., 2003). Further research suggests that this can be delivered effectively in both individual and group settings. Research into the effectiveness of consumer-clinician co-facilitated interventions is scant. Nevertheless, the philosophy and values of the consumer led recovery movement would seem to support such interventions. Furthermore, the outcomes reported on reaped clinical benefits for our group members. The content of the training workshop is based on the Cognitive Therapy and Dialectical Behaviour Therapy skills for people who experience positive psychotic symptoms. The skills taught in the workshop include normalising and validating, distress tolerance, focusing, interpretation and evaluation of voice hearing, and the explanations the clients have for their voices. This specific workshop will give an overview and opportunity to practice the interventions used in the group. Debra will also give a first person account of her experiences and recovery journey as a fluent voice hearer. Participants will also get the opportunity to discuss development of a consumer-clinician alliance within their own services.

Learning Objectives: 1. Participants will learn skills and strategies to be able to normalise validate and increase resilience for people who hear distressing voices. 2. Participants will develop an understanding of the role they can play in the development of recovery focused interventions including partnerships with experience based experts within the workforce. Outline of workshop: 1. Introduction to history, development and philosophy of consumer-clinician alliance. 2. Brief overview of the statistics and evidence-based approaches in the literature. 3. Debra's own story of recovery from distressing voices. 4. Application and skills practice of the interventions used for responding and evaluating what the voices are saying. 5. Discussion and action planning to develop
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consumer-clinician alliance in participants own work settings. This workshop is highly interactive with a variety of experiential activities which parallel the group process.

S44 Intellectual Disability
6/09/2007 From: 1030 To: 1230 Venue: Otway 2
Paper 20 Minutes: McPherson Community: Developing a service for people with co-existing intellectual disability and mental illness.
Andrew Welsh
For many years it was generally understood that people with intellectual disabilities were somehow immune from having a mental illness. However, research studies are now suggesting that people with intellectual disability are more likely to experience some form of mental illness than the general population. As the intellectual disability and mental health sectors have historically operated separately from each other, this population has generally struggled to have all their needs met due to the resulting service gaps. It is likely that many people with intellectual disabilities have some form of mental disorder that has not been diagnosed. McPherson Community is a Disability Services funded residential program run by Richmond Fellowship of Victoria created to meet the needs of their clients with intellectual disabilities who also have mental illness (dual disability). This was in recognition that existing mainstream residential and day program models did not suit some of their clients. This paper details the approach that McPherson Community has adopted with some success, the relationships that have been established with a range of service providers, and some of the challenges that have been encountered. It also suggests change to current service delivery for people with dual disabilities, by proposing a collaborative service system that would require the intellectual disability and mental health sectors to work in partnership to ensure that the needs of people with dual disability are adequately met. Learning Objectives: 1. Develop understanding of issues faced by people with co-existing intellectual disability and mental health issue. 2. Given that people with intellectual disability are more likely to experience some form of mental illness than the general population, the reality is that mental health services will be increasingly required to work with people with a dual disability, and work with disability services to ensure that their needs are being met. References: Einfeld S.L. (1996) Population Prevalence of Psychopathology in Children and Adolescents and Intellectual Disability: Rationale and Methods, Journal of Intellectual Disability Research Vol 40 (Part 2), 91-98. Dr Jenny Curran, Ms Caroline Mohr, Ms Alex Phillips, Dr Angus Cook and Associate Professor Robert Davis (2000), Dual Disability Training Educational Programs for General Practitioners and Health Professionals Caring for People with Intellectual Disability and Mental Illness Project 2 Performance, Planning and Research, DisAbility Services Branch, Department of Human Services, Melbourne, Victoria.

S44 Intellectual Disability
6/09/2007 From: 1030 To: 1230 Venue: Otway 2
Paper 20 Minutes: Diversity is the SPICE of life: Working to improve emotional and mental health supports for young people with developmental disabilities and mental health problems.
Jenny Curran
People who attend this presentation will have an opportunity to learn about a simple strategy that will increase their competence in understanding a person’s profile of developmental strengths and areas of difficulty, including the development of emotional capacities such as attachment, sense of self and capacity to manage feelings. They will also learn how to use this model (SPICE) to facilitate a mental health assessment in a young person (including adolescent/young adult stage). The topic is relevant to mental health services in many ways including the use of SPICE to provide a visual framework through which the consumer can participate more...
easily in a mental health assessment, and in the potential to use SPICE as a basis from which interagency and intersectoral work can proceed where agencies typically have different philosophies, models, and cultures such as health, education and disability sectors. The key message of the presentation is that inclusion of the consumer and those around them promotes genuine consumer participation, and better interagency collaboration can improve outcomes where the consumer has a number of complex needs that no one agency can manage alone.

Context: Young people with developmental disability (intellectual disability and/or autism spectrum disorders) have high levels of psychopathology, yet they are rarely included in decisions about their health care, especially when mental health or behavioural issues are involved. There is also a poor understanding of how healthy emotional development, mental illness and ‘behaviour’ are related to each other in this consumer group, particularly where the young person has experienced past trauma or abuse and is under Guardianship arrangements. Aims: The aims of the presentation are to show how a simple visual tool and an associated developmental profile (SPICE) can be used to a) share complex developmental information in an integrated manner with the consumer, carers, or professionals from different agencies and sectors (eg health or education) b) include the consumer in choice-making with in an often complex pathway to find support for health emotional development or if needed, mental health care, and c) to briefly explore the relatively neglected area of emotional development in young people with intellectual or developmental disabilities. The presentation will illustrate the use of SPICE in working with a young person with intellectual disability in foster care with significant behaviour disturbance.

S44 Intellectual Disability
6/09/2007 From: 1030 To: 1230 Venue: Otway 2
Paper 20 Minutes: Personality Disorder in Intellectual Disability: characteristics and health outcomes.
Andrew Pridding Janina Tomasoni

Very little research has been conducted on personality disorders (PD) within the population of people with intellectual disability (ID), despite suggestions that this population have a heightened risk for these disorders (Flynn, Mathews & Hollins 2002). The presence of a personality disorder can have a significant negative impact on the individual’s ability to live in the community. Chronic maladaptive patterns of behaviour and a high risk of comorbid mental illness can pose major challenges for services (Lidher et al 2005). However, there is a paucity of information on which to base clinical practice or service development. This paper describes a sample drawn from referrals by mainstream mental health services to The Victorian Dual Disability Service, a specialist mental health service for people with intellectual disability in Victoria. It examines the socio demographic and clinical variables of 50 patients with ID diagnosed with personality disorder over a five-year period between 1999 and 2003. It also compares health outcomes using the Health of the Nation Outcome Scales – Learning Disability (HoNOS-LD) to reflect the changes between assessment and three month follow up. Findings indicate significant short-term improvement in behaviour and social functioning. Learning Objectives: 1 Participants will gain an understanding about the prevalence and presentation of personality disorder in people with intellectual disability. 2. Participants will recognise that people with ID and PD can improve with specialist support. Flynn A, Mathews H & Hollins S (2002) Validity of the diagnosis of personality disorder in adults with learning disability and severe behavioural problems, British Jurnal of Psychiatry, 180, 543-546. Lidher J, Martin D, Jayaprakash M & Roy A (2005) Personality disorders in people with learning disabilities: follow-up of a community survey, Journal of Intellectual Disability Research, 49 (11), 845-851
S44 Intellectual Disability
6/09/2007 From: 1030 To: 1230 Venue: Otway 2
Brent Hayward

It is well accepted that people with intellectual disabilities experience a much higher rate of psychiatric illness than the general population (White et al., 2005) yet their access to services is generally poorer (Woodward, 1993). The Victorian Dual Disability Service (VDDS) is a specialist statewide mental health service that has traditionally only worked in supporting public mental health services through client assessment and professional education. This presentation describes the implementation of a state government-funded pilot project aimed at increasing the ability of consumers with dual disabilities in accessing public mental health services in Victoria through assessment of clients directly referred by disability services. The presentation will provide an overview of the projects aims, the challenges associated in working collaboratively and the procedure of providing a mental health assessment service to identified clients. A variety of data will be presented concerning consumer demographics, concerns at point of referral, assessment methods and diagnostic outcomes, as well as details describing the range of recommendations made. An initial evaluation of the project itself in an attempt at better describing the core work responsibilities of public mental health services and more importantly, the mental health needs of clients with intellectual disabilities will also be examined. Learning Objectives: 1. Participants will gain a greater understanding of the mental health needs of consumers with intellectual disabilities and the difficulties they and their carers face in obtaining mental health services. 2. Participants will recognise that although access to mental health services for people with intellectual disabilities is designated a core aspect of clinical work in public mental health services, service delivery of often poor despite a high level of demand and need. References: White, P., Chant, D., Edwards, N., Townsend, C. & Waghorn, G. (2005). Prevalence of intellectual disability and comorbid mental illness in an Australian community sample, Australian and New Zealand Journal of Psychiatry, 39(5): 395-400. Woodward, H.L. (1993). One community's response to the multi-system service needs of individuals with mental illness and developmental disabilities, Community Mental Health Journal, 29(4): 347-359.

S45 Parents, infants, children
6/09/2007 From: 1030 To: 1230 Venue: Otway 1
Paper 20 Minutes: Early intervention music therapy for marginalised parents and their infant children.
Louise Docherty   Donna Berthelsen   Jan Nicholson   Carolyn Hart   Vicky Abad   Kate Williams

Sing & Grow is a 10-week music therapy intervention targeting marginalised parents and their children aged 0-3 years. It uses group music and song-based activities as an enjoyable, non-threatening approach for engaging parents and teaching appropriate parenting skills. An independent evaluation is examining its effectiveness for immediate (pre-post) and 3-month impact on parenting skills and efficacy, children’s social and emotional development, and parent mental health. This paper aims to introduce the program and present early outcome data from the evaluation. Data were collected pre and post from parent self-report questionnaires, therapist observations and records. Results are from 358 families attending 37 programs for: parents facing general social and economic disadvantage; parents of a child with a disability; or young parents. Pre-post analyses revealed statistically significant improvements were found for therapist-observed parent and child behaviours, and parent-reported irritable parenting, educational activities in the home, parent mental
health, and child communication and social play skills. Comparisons of outcomes indicated that higher session attendance (6 or more sessions) was associated with better outcomes for child behavioural and social outcomes. The implications for early life child and parent mental health will be discussed. Learning Objectives: 1. People will learn about the aims and treatment protocol for Sing & Grow, the evaluation design, and outcome data from the pilot stage of the study. 2. Sing & Grow is funded by the Australian Government under Invest to Grow to provide early intervention services to families who are marginalised. The program is available to organisations across Australia that support families, within the selection criteria. Early data suggests positive outcomes in both parenting and mental health measures attesting to the value of music therapy as an effective intervention for parents with young children. References: Abad, V. & Edwards, J. (2004). Strengthening families: A role for music therapy in contributing to family centred care. Australian Journal of Music Therapy, 15, 3-17. Barlow, J. & Coren, E. (2001). Review: Group based parent training programmes lead to short term improvements in maternal psychosocial health. Evidence-Based Nursing, 4, 81.

S45 Parents, infants, children  
6/09/2007 From: 1030 To: 1230 Venue: Otway 1  
Paper 20 Minutes: Now we work as team An evaluation of the Collaborative Family Practice Project: an intervention to support families and agencies dealing with child maltreatment and parental mental health problems.  
Katy Curtis   Francis McCormick    Gail Clarke    Rohan Langtree  
It is widely acknowledged that families affected by parental mental illness, and those involved in the child protection can face profound challenges. It is also known that there is significant overlap among this group, with parental mental health problems a significant risk factor for child maltreatment (De Bellis, Broussard, Herring et al., 2001). Therefore, there are many advantages to the key agencies supporting these young people and families mental health services and child protection working closely and collaboratively. Yet a range of barriers to collaboration exist and interactions between the two organisations are often fraught with tension and mistrust (Darlington, Feeney, & Rixon, 2005). This presentation provides an overview of the findings of an evaluation of the Collaborative Family Practice Project (CFPP). The CFPP was an intervention designed to address the needs of these families and promote more productive interactions among the agencies working with these parents and young people. Drawing on qualitative and quantitative data the evaluation details the experiences of families and workers who have been engaged in the program. The presentation will highlight how, with appropriate support families and workers can be empowered to effect important changes to their lives and their practice. Learning objectives: 1. An understanding of the challenges faced by families and organisations dealing with child maltreatment in the context of parental mental health problems, and strategies to address these issues. 2. There is a strong relationship between child maltreatment and parental health problems, yet the relationship between the adult mental health services and child protective services, the two agencies primarily responsible for working with this group of families, are typically limited and characterised by tension. It is crucial for the current and future mental wellbeing of these children and families that there is greater acknowledgement and action taken around parental mental health and child maltreatment. References: Darlington, Y., Feeney, J. & Rixon, K. (2005). Practice challenges at the intersection of child protection and mental health. Child & Family Social Work, 10, 239-247. De Bellis, M., Broussard, B., Herring, D., Wexler, S., Moritz, G. & Benitez, F. (2001). Psychiatric co-morbidity in caregivers and children involved in maltreatment: a pilot research study with policy implications. Child abuse and neglect, 25, 923-944.
S45 Parents, infants, children
6/09/2007 From: 1030 To: 1230 Venue: Otway 1
Paper 20 Minutes: Developing and delivering a family centred psychosocial post natal depression service.
Margaret Brooks  Joy Black
This Service was developed in a partnership between St John of God Health Care and St Luke’s Anglicare, a non-government agency, in Bendigo Victoria. Through the process of partnership an innovative family centred rehabilitative approach was developed to meet the needs of individual women in their own environment alongside a group based approach to meet the educative and social needs of both women and their partners. This multi-method positive intervention assists the women and their families towards the recovery process. This approach recognizes the mental health needs of the partners of women with PND especially in relation to managing the change in their lives. The aim of this presentation will be to discuss the process of strengths based partnership, discuss the multi-method PND program and to present the research on how the program is benefiting women and their families. Participants in the presentation will learn more about the journey of hope from the family stories.

S45 Parents, infants, children
6/09/2007 From: 1030 To: 1230 Venue: Otway 1
Paper 20 Minutes: Beyond baby blues a national approach to perinatal depression.
Carol Bennett
This paper will explore results from beyondblue’s postnatal four year mental health research program. It will specifically outline the evidence for a large scale perinatal screening and assessment program in Australia based on the Edinburgh Postnatal Depression Scale (EPDS); the need for training of health professionals about perinatal depression; and pathways to obtaining care for women identified as at risk, or experiencing, perinatal depression. Pregnancy and birth is often portrayed as an enjoyable and satisfying time for most new parents - unfortunately this is not the reality for all new mothers. In its extreme form, depression can lead to an overwhelming sense of despair and even thoughts of suicide, self harm or harm of the new baby. About 9% of expecting and 16% of new mothers experience depression. Despite the prevalence and consequences of antenatal and postnatal depression, most women commonly remain unidentified and untreated. beyondblue's postnatal research was unique on a worldwide scale. It covered the period of pregnancy to six months post birth (perinatal period) and involved 40,000 pregnant women and 12,000 new mothers in 43 health services across Australia. In addition, over 200,000 pregnant women were reached by follow-up community education and awareness raising activities. Learning objectives: 1. to provide an insight into groundbreaking research commissioned by beyondblue into postnatal depression 2. to explore the ways in which this important area of mental health can be effectively addressed. Reference: The beyondblue National Postnatal Depression Program. Prevention and Early Intervention 2001-2005. Final Report. Volume 1: National Screening Program.
At what point do consumers decide to cease allowing their mental illness to control their lives and consciously decide to take control of their own illness? Whilst the concept of recovery has become the ‘buzz phrase’ in psychiatric research and clinical practice in recent years, research and discussion into the area of self-directed recovery with minimal clinical intervention has been limited. Empowering consumers to actively direct their own self recovery is integral to an increase and confidence in self, and is in keeping with the concept that the recovery model is not a ‘one size fits all’ model. This paper will provide a personal account of one consumers’ road to self-directed recovery and the personal strength, hope and focus on his ability rather than disability to participate in his recovery journey. The presenter will also provide a diagrammatic model of self-directed recovery, focusing on: recognition of early warning signs; preventative strategies to avoid relapse; and clinical and peer support for the recovery journey. The aim of this paper is to provide an understanding that self-directive recovery is possible for consumers with severe mental illness in situations where medication and clinical intervention have failed. Learning Objectives: 1. Delegates will learn about the concept of self-directed recovery from a personal and theoretical perspective. 2. Self-directed recovery in mental health is an important issue to consider because it allows consumers to manage their illness in a self-directed way and gain a greater understanding of how it is possible to control their illness rather than allowing their illness to control them. References:Buchanan-Barker, P., & Barker, P. (2006). The ten commitments: A value base for mental health recovery. Journal of Psychosocial Nursing & Mental Health Services. 44 (9) pp. 29-34. Mead, S., & Copeland, M. (2000). What recovery means to us: Consumers’ perspectives. Community Mental Health Journal. 36 (3) pp. 315-329.

The nature of the delivery to services to consumers and family members of mental health services has changed dramatically in the last 30 years. Families are no longer seen to be forces of responsibility for mental health issues. National policy and plans reflect the growing need to develop collaborative frameworks with family members at all levels. Three Psychoeducation and support groups for families and carers were planned and facilitated between September 2003 and October 2005 to family members of the consumers of an Intensive Rehabilitation Team. A total of 28 family members participated in the three groups. Action Research was utilised to facilitate the continuing design and implementation of the groups, as well as defining the ongoing needs of family members. Research was also conducted to determine the effectiveness and process involved in the delivery of the model. Outcomes from the study indicated that providing a two-folded focus of support and education works towards meeting the needs of family members for information and knowledge, as well as reducing the sense of isolation and burden often felt. Grief and loss issues were indicated to be pivotal in understanding the dilemmas family members face. Aim of presentation: Increase understanding of complexities of a dual model group, as well as increased understanding of issues faced by family and carers. References: Dixon, L., Adams, C., & Lucksted, A. (2000). Update on family psychoeducation for schizophrenia. Schizophrenia Bulletin, 26, 5-20. Retrieved October 4, 2006 from PubMed Database Marshall, T., & Solomon, P. (2004). Provider contact with families
Carers needs for support were assessed utilising both the continuum outlined in the ‘Carers Life Framework’ (NSW) and a recovery based perspective of mental illness. In an evaluation initiated by Arafemi, both quantitative and qualitative data was gathered to explore what supports had been of assistance to carer well being, what elements of support required development and the carers role in service delivery. Additional data was gathered about consumer perspective of carer need and the role of carers in systemic and self advocacy. Finally, a translation of results to service planning and policy implications is explored.

Learning Objectives:
1. This paper hopes to explore carer issues in the context of some of the current service directions in the PDRS sector. It aims to raise awareness about carer needs and encourage carers and service providers to explore and take away ideas about what their needs are and how they can achieve better services and advocacy.
2. Carers needs in supporting someone with a mental illness is a vital area to explore within the mental health field. Trends in mental health treatment and support have led to an increasing reliance on families and carers to fill service gaps. The sector as a whole must become more aware of the important role that carers play and learn how to better support carers to deliver best practice and holistic mental health services.

Each Australian state faces the challenge of developing mental health services in an environment of increasing demand, workforce shortages and competitive funding. Three State mental health directors - Dr Peggy Brown, Director of Mental Health, ACT, Dr Steve Patchett, Executive Director, Mental Health, Western Australia and Dr Ruth Vine, Acting Executive Director, Mental Health and Drugs Division, Victoria, will share their vision for mental health services in their states, taking into account the immediate context and opportunities for growth. Panel presentations will be followed by questions from the audience and discussion.

This presentation will provide an update on the Mental Health - Consumer Perceptions and Experiences of Services (MH CoPES) Project. It will also consider the role of MH CoPES in consumer participation in service evaluation, through consumers participating not only in providing feedback about services, but also in the administration of the evaluation process. The MH CoPES Framework was developed as a way for consumers to participate in evaluating mental health services. In stage 2 of the Project NSW Consumer Advisory Group is working in partnership with NSW Health and mental health services and consumers in Northern Sydney Central Coast and Greater Western Area Health Services to conduct a trial of the MH CoPES Framework. During this trial, Consumer Project Workers will participate in
administering the Frameworks four steps: data collection, data analysis, reporting and feedback, and action and change. One aim is to provide evidence for the continuation of consumer participation in all steps of the MH CoPES Framework when it is fully implemented in public, adult mental health services across NSW.1. A Consumer Project Worker is a consumer who identifies as a user of mental health services, and who is employed and trained for the purpose of the MH CoPES Project.


S47 Evaluation
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 7
Adrienne Irvine
It models of consumer and carer participation are proven to be ineffective strategies with this population. An initial project was undertaken by North Brisbane Royal Children’s Hospital Child and Youth Mental Health Service (RCH CYMHS) to determine best practice in consumer and carer participation in child and adolescent mental health services. It is commonly agreed that employing traditional models of consumer and carer participation from adult mental health services has limited success in child and adolescent mental health. At the same time there is a limited range of literature and research from which to draw knowledge and inspiration in developing a model that meets the needs of consumers and carers accessing child and adolescent mental health services. Underpinning this project is the belief that young people and their carers have a right to be involved in decision making about the services that affect their lives and the treatment they receive. With this in mind, the paper outlines the steps taken to inform, develop, improve, and recommend best practice methodologies for consumer and carer involvement in a community based assessment and treatment team underlining the careful consideration given to the unique issues and barriers inherent in engaging young people and their families/carers. The key learning from this project is as much about what did not work and how that knowledge was utilised in the development of an ongoing quality process that informs practice in the present. Learning Objectives:1. People in the audience will be provided with key learnings from the implementation of a consumer and carer participation project undertaken in a north Brisbane child and adolescent mental health service. 2. This topic is particularly relevant to child and adolescent services as it attempts to provide alternate models to consumer and carer participation as traditional adu. References: Cleary, M., Freeman, A., Walter, g., ‘Carer participation in mental health service delivery’, International Journal of Mental Health Nursing, Vol 15(3), Sept 2006 pp189-194. Lloyd, C. & King, R. (2003) Consumer and Care participation in mental health services, Australasian Psychiatry, 11, 180-184.
S47 Evaluation
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 7
Lei Ning Anne Crowley
In 2006-07 the Victorian Government funded the Victorian consumer and carer peak bodies to conduct a consumer and carer-led pilot project to evaluate experiences of care in Mental Health Services. Building on the recommendations of the Review of the 2003-2004 Victorian Surveys of Consumer and Carer Experience of Public Mental Health Services, this project incorporated new ways of collecting information about experience of care to facilitate consumer and carer involvement in service quality improvement activities. The project team comprised of consumers and carers. They conducted discussion groups with consumers and carers at eight pilot sites in an attempt to design the most relevant survey instruments and methodology. In partnership with the Victorian Mental Health Branch and participating pilot services, new survey processes were developed and implemented. These included both quantitative and qualitative research methods. The processes of the project itself were seen as important in contributing to consumer and carer participation within the pilot sites. This project demonstrates how consumers and carers can be effectively and professionally involved in implementing new strategies to improve the quality of mental health services. The outcomes and the learnings from this innovative project will be presented and discussed. Learning Objectives: 1. People in the audience will learn how consumers, carers, service providers and government can work in partnership to improve the quality of mental health services. 2. This topic shows the latest trends of consumer and carer participation in mental health services. References: Department of Human Services (2006). The Review of the 2003-2004 Victorian Surveys of consumer and carer experience of public mental health services: Recommendations for future approaches. Department of Human Services (2006). Caring together an action plan for carer involvement in Victorian public mental health services. Department of Human Services (2007). Consumer participation: An action plan for consumer involvement in Victoria's public mental health services.

S48 Workforce, Leadership
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 6
Paper 20 Minutes: Achieving generational change in the leadership style of mental health service first-line leaders
Mahshid Seifouri Peter Lacey
Two factors define the first-line leadership culture within health service provision. Firstly, particular professional disciplines tend to attract and develop particular personality profiles amongst base-grade practitioners. Secondly, base-grade practitioners form the succession pool for first-line leadership. Personalities, attitudes, and behaviours appropriate to consumer-driven clinical service provision may be, ironically, less appropriate to the leadership and management of clinical services. The authors surveyed leadership style, the results revealing low directive and delegative leadership preferences and a high participative leadership style among first-line leaders. The level of directive and participative preferences generally fell outside control limits, indicating intervention and likely subordinate dissatisfaction. These predictions were consistent with quantitative and qualitative data collected from subordinates. The concept that a leader can be too participative flies in the face of the common wisdom. Commonly, empowering leadership styles are regarded as most effective for heterogeneous teams in environments of rapid change: the environment typical of mental health services. However, the authors' study confirms US research suggesting that participative leadership is less effective under those conditions, because dynamic environments demand rapid decision-making capacity. These results raise important questions for the identification, development, and induction of the next generation of first-line (and higher)
management in health.

Learning Objectives: 1: From attending this presentation, people in the audience will acquire a new insight into the challenges confronting mental health service executives in developing first line leaders for the 2020. People in the audience will learn about consistencies between an Australian experience and (largely US) research, and gain an understanding of strategies being employed by one mental health service to address these challenges. 2: This topic/issue is relevant to mental health services and mental health issues because the effective and timely reform of mental health service delivery requires appropriate leadership styles and competencies in first line leaders.


S48 Workforce, Leadership
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 6
Paper 20 Minutes: Occupational Therapy and Youth Mental Health - A Profile of Service Provision.

Laura Hardaker

Background - Literature indicates a growing concern for the mental health and wellbeing of adolescents. Their needs are complex and a multidisciplinary approach has been suggested to ensure appropriate services are provided. Increasingly the multidisciplinary team includes an occupational therapist (OT), either employed as an OT or in generic mental health roles such as case managers (Cook, 2003; Parker, 2001; Reeves & Summerfield-Mann, 2004). Regardless of the title, the functions and roles of the OT are not well understood within the team or clearly articulated.

Aim: This study aimed to explore the professional scope of Australian occupational therapists working with young people experiencing psychosocial dysfunction.

Method - This sequential mixed methods study used a combination of postal survey and telephone interviews to collect data. A 41-item survey instrument included a combination of open and closed-ended questions, a Likert scale and items formatted in matrices. Telephone interviews used a semi-structured interview schedule.

Results: Sixty-five OT's completed the survey, of whom 10 participated in the telephone interviews. Fifty-four (85%) participants were female. Thirty-three (61%) reported having less than five years experience as an OT.

Conclusion: This study explored in detail Australian OT's perceptions of the current service role provided to youth with mental health concerns. It is apparent OT's have a significant role within the multidisciplinary services of mental health, however further research is required to provide a clear definition of the OT role.

Learning Objectives: 1: The audience attending this presentation will gain greater knowledge in the process required to develop and implement a national survey. The audience will also gain greater knowledge in the current role of the occupational therapist as described by participants.

2: This issue is relevant to mental health services as occupational therapists are frequently members of the multidisciplinary team. Gaining greater insight into the service provided and role of the occupational therapist will assist in ensuring an effective mental health service is provided.

S49 Outdoor Aventure  
6/09/2007  From: 1330 To: 1500  Venue: Bellarine 5  
Paper 20 Minutes: Recovery on the Oodnadatta Track: Young people with mental illness finding themselves on an Australian outback discovery expedition.

Hans Van De Graaff  Natasha Neal  Julie Lengyl  Bree Thomas  
This paper presents the outcomes achieved by the four Discovery Tours to the Australian outback conducted by Richmond Fellowship of Victoria (RFV) since 2004. It also describes the considerable planning, preparation and challenges involved in the implementation of these expeditions. Each Discovery tour has taken 12 young people with serious mental health problems together with 6 RFV staff on a challenging 14 day expedition to central Australia. Participants have to cope without showers and toilets, manage extremes of temperature and tolerate long, tiring days driving across remote areas. We present the participant outcomes achieved including increased self-confidence, improved problem solving skills and enhanced motivation through participation in activities that are fun, challenging and self-directed. We also describe the logistics involved in running the tour including staff and client selection and risk management. With thorough planning the Discovery Tour has been shown to be a very effective model in enabling participants, particularly young men, to achieve significant psychosocial gains. Learning objectives: 1. The audience will acquire knowledge of how to successfully plan, implement and evaluate remote area expeditions for young people with psychiatric disabilities; and 2. This presentation will demonstrate how participants can achieve noteworthy psychosocial gains through their participation in remote area expeditions. References: Barrett, J. and Greenaway, R. (1995) Why Adventure? The role and value of outdoor adventure in young people’s personal and social development. Foundation for Outdoor Adventure. Roberts, B., Cox, M. & Marks, R. (2000). Challenging Approaches: A guide to planning outdoor adventure education programs for mental health promotion. Melbourne, Victoria: Out Doors Inc.

S49 Outdoor Aventure  
6/09/2007  From: 1330 To: 1500  Venue: Bellarine 5  
Paper 20 Minutes: Riding to recovery.

Laurie Fitzpatrick  Barry Clark  
This paper describes the establishment of a cycling program at Get Together House psychosocial rehabilitation program in Wodonga, Victoria. The program, which is now called the 10K Club, was established as a means of promoting physical health, and increasing community access and transport options. In the initial stages, the emphasis was on safe travel and utilising bicycles as transport to key venues such as the TAFE, hospitals, shopping centres etc. The outcomes of the cycling program have dramatically exceeded the programs initial expectations. Returning to cycling has increased the amount and quality of time they spend with family and friends. Participants now look forward to training for and undertaking challenging bike rides. Outcomes of the program to date have included increased physical fitness, improved confidence and self esteem, enhanced social and leisure options, and increased independence. The group members are actively engaged in planning for the group, and their needs and preferences form the basis of the activities. Group members also learn about the range of community groups and services which can support an ongoing involvement in cycling. Finally, the presentation will offer some strategies for establishing such programs, and learning’s from our (occasionally scary!) experience. Learning Objectives: 1. Audience members will learn about the range of potential benefits of using cycling activities to assist people with recovery. 2. Audience members will understand the potential of cycling activities to promote physical and mental health, confidence and self esteem and social connection, community
interaction and independent living.3. Audience members will understand the impact of this program through the personal story of one of the participants.

S49 Outdoor Aventure
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 5
Paper 20 Minutes: When a Newstart in Mental Health is an Adventure: An adventure based program for ‘at risk’ young people.
Matt Mudie  Wendy Bunston  Phil Wood
Operation Newstart Western is a comprehensive adventure based intervention program that works with young people who struggle with significant mental health, educational, social and familial difficulties. The program has been running for nearly eight years and is based in Western Metropolitan Melbourne. It operates as a three pronged collaboration between Victoria Police, Child and Adolescent Mental Health and the Western Department of Education. On board are also a cast of many others including the CFA, RAAF, different TAFE’s and corporate and philanthropic organisations. The intervention involves the young person (aged between 14 to 18 years) participating in a four day a week for one term program including participating in three adventure based expeditions and an assortment of activities. The program undertook a comprehensive evaluation in 2006 and found that post program participants experienced positive and lasting changes in the areas of; social and emotional well-being, physical health, scholastic achievement and vocational opportunities. Operation Newstart Western is the second Newstart program to commence in Victoria and has been instrumental in inspiring the creation of three more Newstart programs across Victoria. These five programs have now joined together to become Operation Newstart Victoria. Facilitators of other Newstart programs will be present in this workshop to discuss the evolution of their programs and invite other CAHMS services to be involved in this highly successful and inventive intervention. Learning Objectives: 1. Workshop Participants will be given an overview of the exciting and creative methods this program uses to engage ‘difficult to engage young people’, many of whom are struggling with significant mental health issues. 2. The outcome of the evaluation of this program (including the use of clinically validated measures) will be provided and invitations made for other CAHMS services to explore the possibilities of entering into partnership with Victoria Police and the Education Department to run this amazing program. References: Gras, A Michael (1993) Adventure Therapy: Therapeutic Applications of Adventure Programming, Kendall & Hunt Publishing Co. Iowa. Bunston, W., Pavlidis, T & Leyden, P (2003) Putting The GRO into Groupwork, Australian Social Work, Vol.56, No.1.

S50 Outcome Measurement
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 4
Paper 20 Minutes: Discharge from community mental health: supporting clinical decision making
Liz Prowse
Discharge or transfer of care from community mental health has been a fraught issue for clinicians and consumers after often long term care within the public mental health system. Increasing adoption of the language and philosophy of recovery within mental health services, as well as increasing demand on limited resources has led southern mental health to re-look at discharge. Decision support tools have been developed and piloted to prompt and support clinicians to plan for appropriate discharge in collaboration with consumers, carers and service providers. Southern mental health is also trialling an indicator to flag consumers who may need extended or potentially ongoing contact with public mental health services. The southern mental health decision support tools have been developed from the NOCC measures, available literature and retrospective case audits. This paper will explore discharge, and outline the piloted decision support tools. Learning objectives: 1. an

**S50 Outcome Measurement**
**6/09/2007 From: 1330 To: 1500 Venue: Bellarine 4**
**Paper 20 Minutes:** Introducing meaning into routine outcomes collection: From data to information.
*Kathy Stapley*

This paper will present a New Zealand perspective on implications for mental health workforce and service user development of the move from data collection to more effective mental health information utilisation. The implementation of routine outcome measurement in New Zealand mental health services is underpinned by a direct requirement that it supports recovery and is responsive to Maori, this requirement guides the way in which information is both collected and used. Current evidence indicates that a significant proportion of clinicians and service users view data at best as irrelevant and at worst with suspicion and distrust. To ensure the shift from data collection to information use occurs it is vital to implement strategies which will guarantee that collected data is reported in a timely manner, is comprehensible and clearly demonstrates its utility to improve all aspects of service provision. Developing and implementing strategies to turn data into information; developing a mental health sector where mental health information management is a core competency and supports improved service at all levels of the mental health sector is the next key challenge in better mental health information use and workforce development.

**Learning Objectives:**
1. To gain an understanding of specific ways in which routine outcome collection can be used to support improved mental health service provision.
2. Mental health information and its use is a developing challenge for service users and mental health workers. They must consider the opportunity to become “information literate” and develop skill in the use of the many sources of mental health information. Routine outcome measurements offers one valuable source of such information.


**S50 Outcome Measurement**
**6/09/2007 From: 1330 To: 1500 Venue: Bellarine 4**
**Paper 20 Minutes:** Measuring outcomes in the SA Community Mental Health Service Sector (non-government) - how much recovery is enough?
*Geoffrey D Harris*

Recovery, as explained by consumers such as Pat Deegan, requires achievement of quality of life equivalent to that of the general population. This means equivalent housing, income, employment rates, education, social connectedness and more. The Community Mental Health Service Sector (non-government) in South Australia is reflecting on what they are doing that is important to help people in their recovery and how can this contribution be measured and reported. This paper discusses progress to date in identifying suitable performance indicators for non-government service
providers that articulate with the National Health Performance Framework. The process has highlighted the need to improve our current data collection to measure progress of our systems in supporting people to achieve the kind of recovery advocated by consumers. This paper will outline the performance indicators currently agreed by the Community Mental Health Service Sector (non-government) in SA and challenge to audience to reflect on how much recovery our systems are really aiming to support given the performance indicators that we have chosen to focus on in mental health. Learning Objectives: 1. The audience will gain an understanding of what measures the Community Mental Health Service Sector (non-government) in SA has chosen as indicators of effectiveness in supporting people to achieve their recovery. In the process the paper will explore whether performance measures for the whole system are focused on recovery as defined by consumer advocates. 2: Our health and mental health systems contain many implicit or explicit assumptions. This paper will challenge the audience to reflect on what assumptions in our mental health systems may limit our focus and effectiveness support consumers to achieve a full recovery.

References: Mental Health Coalition of SA (in press). 'Paper 5 Measuring outputs and outcomes across the Community Mental Health Service Sector (non-government)' MHCSA.Commonwealth Department of Health and Ageing. Key Performance Indicators for Australian Public Mental Health Services, Chapters 4 and 5.

S51 Snapshots
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Marlborough Māori experience in accessing mental health services via primary health care: An exploratory study.
Lorraine Eade
Marlborough Maori experience in accessing mental health services via primary health care: An exploratory study: Utilising a grounded theory and Kaupapa Maori approach, this research explored the experiences of tangata whaiora (Maori service users) accessing specialist mental health services through primary health care in the Marlborough region. Tangata whaiora experiences included personal stigma, whanau stigma, cost, debt, fear, anxiety, power differentials, consultation timeframes, natural supports, general practice expertise in mental health, reception, memory loss, reliance on specialist mental health services, general practice relationships, GP communication, and self-prioritisation of consultation. Findings from the study could be utilised in local planning for development of a Primary Mental Health Plan. Maori, Primary Mental Health, Access. 1.Identifying barriers for Maori accessing primary mental health care. 2.Some solutions for improving accessing to general practice services.

S51 Snapshots
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Towards a 'Hub & Spoke' Model of an Integrated Community-Based Mental Health Service Blacktown Assertive Integrated Community Treatment(AICT) & HASI Pilot Projects.
Simon Besley William Duncan
Blacktown City, one of the largest and culturally diverse Local Goverment Areas in Australia, has a community-based mental health service built around a mobile outreach Access & Assessment Mental Health Team (AAMHT), providing 24 hour, 365 day a year care. It is intended that this effective and efficient 'hub' springboard service innovation towards the development of an enhanced model for an integrated community-based mental health service. A key bulwark to the sustainability of this model is the re-structuring of the Case Management Team to provide a more assertive model of care. The Assertive Integrated Community Treatment(AICT) Pilot.
Project will provide assertive care for heavy service users with the goal of maintaining the client in the community. Assisting this initiative is proposed key strategic alliances with Non Government Organisations (NGOs). The Blacktown HASI Programme is an acknowledgement that the variables that impinge on the mental health of a population are multifaceted and a mental health service cannot alone provide for all these variables. It is intended that these two closely aligned programmes be an example of how strategic partnerships can buttress and sustain the proposed model.

S51 Snapshots
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: Episode 2020: Hope for the future.
Daniel Christopher Kean
In 1993 the Human Rights and Equal Opportunity Commission published a report following an enquiry into mental health services in Australia. This report became known as the Burdekin Report which focused on violations of the human rights of people with mental illness, particularly within boarding houses. Since this report I feel nothing has changed, in fact I believe the state of boarding houses is worst now than ever before. This talk will focus on some of the ongoing quality of life issues within boarding houses which include the need for hope and rehabilitation, the growing drug problems, aggression and bullying, boredom, and the need to redirect funding resources. I will also discuss and identify possible solutions for improvement. I hope this talk will increase peoples’ understanding of boarding houses and the plight of those who reside in them, and influence change. Learning Objectives: 1. Participants will learn about the ongoing issues in boarding houses. 2. Participants will gain some consumer perspectives on what changes are required in boarding houses and be presented with some solutions.

S51 Snapshots
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: The Peer Hospital-to Home Service The effectiveness of using peer support workers to support consumers’ hospital avoidance and return to home following hospitalisation.
Sharon Lawn  Kelly Hunter  Nicki Hirst
Support for people with mental illness in the period immediately after leaving hospital and returning home has been identified by consumers as a time of great need when they often feel the most overwhelmed and isolated and therefore when they are at high risk of relapsing and returning to hospital or of suicide. Metropolitan Home Link (MHL), funded to provide hospital avoidance and discharge packages to people with a range of health conditions, has struggled to engage people with mental illness once they are referred for support. This service uses mental health peers to provide that support as part of mutually agreed hospital avoidance and early discharge. Support consists of phone calls, home visits, community links, emotional support, help with self-management strategies, shopping to ‘fill the fridge’, accompanying the person to GP, respite for carers and other mutually agreed on appointments and activities. The peer workers also offer a buddy system to others who are developing their support worker skills. A mental health worker and peer coordinate referrals, training needs, supervision, debrief and follow-up communication with MHL. This service has proved effective in helping to shift service culture towards greater consumer involvement and decision-making, with substantial monetary savings to the system also.
Snapshots - Brief Papers 10 minutes: A Collaborative Approach between Clinical and Rehabilitation Services.

Sandra Foulstone  Diana Cornish

In Victoria approximately 8000 consumers have a case manager from an Area Mental Health Service (AMHS) and a key worker from a Psychiatric Disability Rehabilitation and Support Service (PDRSS). Given that they have different roles and responsibilities and bring different perspectives to their work with consumers, this presents a challenge for services to collaborate effectively. In this paper we present an example of the two services collaborating by providing a consumer with complex needs an intensive intervention in order to prevent hospitalisation and further deterioration of her mental state and social circumstances. The paper discusses the issues raised in the collaboration between the two services and the lessons learned from our experience. We explore the challenges and practical difficulties encountered when attempting to engage a reluctant client and how we utilized the different professional and agency approaches in order to achieve a positive outcome for the consumer.

Learning objectives: 1. People will learn that a collaborative approach to practice can further enhance service provision and result in better outcomes for consumers. 2. In the current climate of limited resources all services need to maximise their potential through innovation and collaboration to provide quality outcomes for consumers.

Snapshots - Brief Papers 10 minutes: Psychological Assessment and Treatment in the Homeless Setting (PATHS), an innovative collaboration between Mental Health Services and homeless men’s shelters.

Stephen Edwards  Rachel Gay  Mark Hodge  Natasha Markulev  Alex Holmes

The Psychological Assessment and Treatment in the Homeless Setting (PATHS) program is a new initiative to improve mental health service availability for men residing in homeless shelters within an inner urban Area Mental Health Service (AMHS). Senior clinicians are employed by the AMHS and are based at each of two Crisis Supported Accommodation Services (CSAS) where case workers refer men who are experiencing psychological distress arising from disorders such as anxiety, depression and other enduring disorders. The clinicians are part of the Homeless Outreach Psychiatry Service (HOPS) within the Inner West AMHS. The PATHS service aims to support CSAS staff in responding to mental health problems that not usually addressed by the AMHS due to their severity or type. PATHS clinicians provide direct assessment and treatment on an individual basis as well through group programs. Secondary consultation also helps agency staff with crisis prevention, traversing service pathways, skill development, advice about specific clinical matters and referrals to primary health care. A third level of support is provided through education and training activities focused on enhancing knowledge and skills of CSAS staff. This paper provides an overview of the PATHS service and its development as well as details of specific activities involved in each level of support.

Learning objectives: 1. The audience will learn how mental health clinicians in homeless shelters run a psychological assessment and treatment service. 2. The presentation shows an innovative service response to the management of high prevalence disorders in homeless shelters by an Area Mental Health Service.
S52 Building Family Skills
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 2
Symposium 1.5 Hrs: Building Family Skills Together: an implementation strategy for evidence-based family interventions in public mental health services.

Carol Harvey  Brendan O'Hanlon  John Farhall  Laura Hayes  Jenny Burger  James Campbell  Mirella di Beenedetto  David Juriansz  Margaret Leggatt  Amaryll Perlesz  Noel Renouf  Colin Riess

Symposium Overview: There is strong evidence that family interventions result in improved outcomes for people experiencing schizophrenia and their families (Pharoah et al, 2004). Benefits include reduced relapse for consumers and enhanced family functioning. Family interventions (including Behavioural Family Therapy, BFT) are endorsed within Clinical Practice Guidelines (McGorry et al, 2004) but are not routinely implemented within Australasian mental health services. When family contacts occur, they tend to focus on consumers' needs and rarely address significant issues affecting the family. This symposium will introduce the implementation strategy and review the challenges of service change encountered by Building Family Skills Together. Research findings at base-line will be presented showing the nature of initial family contact, and the situation for families with a relative experiencing schizophrenia. Paper 1: Building Family Skills Together: an implementation strategy for evidence-based family interventions in public mental health services. Presenter: A/Prof Carol Harvey & Brendan O’Hanlon Authors: C.Harvey, Brendan O’Hanlon, Margaret Leggatt, John Farhall, David Juriansz, Jenny Burger, Colin Riess, Amaryll Perlesz, Noel Renouf. Abstract: The Building Family Skills Together program is a family intervention being provided to consumers and families within a Victorian public mental health service (North West Area Mental Health Services) by the Bouverie Centre. It draws on the Meriden program which has implemented BFT successfully in training over 2000 clinicians in Britain, as well as Family Sensitive Practice and the international literature on implementation. Building Family Skills Together is providing training in BFT to all clinicians within two Continuing Care Teams. A Family Practice Consultant from the Bouverie Centre is placed in the service to provide intensive on-site assistance to the teams. The Consultant sees families with clinicians, provides group supervision and individual support and works with service management to overcome barriers to implementation. A brief overview of the ‘implementation evidence’ and the rationale for the chosen implementation strategy will be provided. Learning objectives: 1. Delegates will gain an increased knowledge of the implementation literature within and outside mental health; 2. This knowledge is relevant to mental health services as it can be used to bridge evidence-practice gaps in service delivery. References: Pharoah FM, Rathbone J, Mari JJ, Streiner D. (2004) Family intervention for schizophrenia (Cochrane review) In: The Cochrane Library Chichester, UK, John Wiley & Sons Ltd. McGorry, P. (2004). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of schizophrenia and related disorders. Australian and New Zealand Journal of Psychiatry 39: 1-30.

Paper 2: ‘This is fantastic but’: Mental health staff experiences of using a family intervention in routine practice. Presenter: Brendan O’Hanlon. Authors: Brendan O’Hanlon, Amaryll Perlesz, Carol Harvey, Colin Riess. The key question regarding family interventions is not whether these approaches are valuable for consumers and families but rather how to implement them in routine mental health care. This paper presents the findings to date of a process evaluation of Building Family Skills Together conducted as part of a Masters Thesis. It analyses the experience of case managers as they attempt to learn and practice Behavioural Family Therapy. It identifies what promotes use of the model (such as improved client assessment, improved relationships with families) as well as the obstacles to routine use (such as time, finding ‘suitable’ families). The presentation concludes with a consideration of how to assist mental health staff to
incorporate family interventions in their clinical practice. Learning Objectives. 1. Delegates will gain an appreciation of the process of implementing a family intervention in a mental health service with a particular focus on the experience of case managers as they attempt to integrate the intervention within their case management role. 2. Delegates will gain an increased understanding of how mental health workers may be best assisted to change their current practice to incorporate evidence based family interventions within a case management role.


Paper 3: What family work is done by mental health clinicians? A survey of family contacts with staff of continuing care teams. Presenter: John Farhall. Authors: John Farhall, James Campbell, Carol Harvey, Mirella di Benedetto, Brendan O'Hanlon. Abstract: In the context of the Building Family Skills Together project, baseline data regarding the type and nature of family contacts occurring in five continuing care (CMH) teams was examined. During a four-week sampling period, 53 staff completed a one-page questionnaire about each contact they had with family members of consumers of the centre. Analysis of the 472 recorded contacts suggests considerable differences across centres in the type of family contacts, including method (phone vs. in-person), location (centre-based vs. home) and whether the consumer was present. Substantive differences were also evident in the nature of services provided by staff during a family contact, with most contacts overall addressing the consumer's needs, and a smaller proportion working on significant issues affecting the family. Learning Objectives: 1. The audience will gain insight into the pattern and nature of contacts by continuing care teams with families of people who have a diagnosis of schizophrenia, and some factors that may affect the nature of the work done. 2. Although family work is an important component of the work of mental health services, the nature of family contacts occurring in Australian services is a relatively under-researched topic. The data and issues identified in this paper raise questions about how best to understand the nature of current contacts, and what level and type of contact with family members is realistic to expect with greater implementation of evidence-based family work.

Paper 4: The experience of carers of a relative with schizophrenia: baseline survey results. Presenter: Ms Laura Hayes. Authors: Laura Hayes, Carol Harvey, John Farhall, Amaryll Perlesz, Brendan O'Hanlon. The baseline observations provide a profile of families living with a relative with schizophrenia. The study documents the challenges for these families. It looks at their hopes as they participate in BFT within Building Family Skills Together and explores the challenges and burdens they have faced before such an intervention became available. Interviews with carers show that there are substantial demands on carers looking after relatives with a mental illness. Their experiences will be presented through a qualitative analysis of themes from the baseline data within the Family Burden Interview Schedule (Pai and Kapur 1981) with a particular emphasis on the psychological stress in families, the frustration with insufficient service support, the continuing sense of loss, and the determination to keep on coping. Learning objectives: 1. Delegates will have a better insight into the situation for families and consumers with schizophrenia in Australia. 2. Delegates will gain an increased knowledge of the challenges and strategies and rationale for program evaluations. Reference: Pai, S. and R. L. Kapur (1981). The burden on the family of a psychiatric patient: Development of an Interview Schedule. British Journal of Psychiatry 138: 332-335.
There are a number of issues that can make the recognition and diagnosis of depression in older people difficult including the belief that depression is a natural part of getting older. This presentation will look at dispelling this myth by highlighting the signs and symptoms of depression and the overlay of issues for older people that have helped to create this myth. beyondblue – the national depression initiative is currently focusing on the issues of depression and older people living in the community or aged care facilities. beyondblue contributes to and supports a number of research projects around depression and older people. We also partner with community organisations and peak body organisations and those older people living with depression and their carers. This approach brings all the available expertise to projects that educate and train older people and those involved with their care, to decrease the stigma attached to depression and to encourage and promote health seeking behavior and positive lifestyle changes. The variety of ways in which we are taking the initiative in the area of older people and depression will also be outlined in this presentation. Learning Objectives 1.To understand the barriers and enablers relating to recognition and diagnosis of depression in older people. 2.To recognise that depression is a key issue for older people living in residential care and there are models available to assist with screening and treatment.

The shift in Victorian public mental health services to community-based care, together with improved treatment options has led to increased potential for older people to benefit from psychosocial rehabilitation. Consequently, there are significant opportunities to maximise their capacities to attain and maintain successful integration within their communities. Adult models are inappropriate due to the differences in life focus and physical functioning. The St. George’s Aged Psychiatry Service, St Vincent's Health, Melbourne, provides a unique group-based psychosocial rehabilitation model specifically tailored to the older population. This presentation will explore the evolution of this program from one based on adult rehabilitation and day program models. Clinicians and consumers involved in this process will discuss their experiences of this evolution including the difficulties faced in making the transition between adult and aged rehabilitation services. With population projections indicating a dramatic growth in the older demographic and a continual improvement in health outcomes it is anticipated that the demand on mental health services to provide relevant and appropriate rehabilitation options will increase. Some of the issues and challenges anticipated in the provision of these services into the future will be addressed. Learning Objectives: 1.To develop an understanding of the experiences of consumers and clinicians engaging in psychosocial rehabilitation within aged mental health. 2.To develop an understanding of the increasing demand for and value of psychosocial rehabilitation that is tailored to the needs of older people with mental health issues in the public mental health system. References:Chiu, Edmond; Yastrubetskaya, Olga; Williams, Monica. Psychosocial rehabilitation of the elderly with mental disorders: a neglected area in the psychiatry of old age. Current Opinion in Psychiatry. 12(4):445-447, July 1999 Australian bureau of Statistics. (2006). 4824.0.55.001 - Mental Health in Australia: A Snapshot 2004-05.
S53  Older People  
6/09/2007 From: 1330 To: 1500 Venue: Bellarine 1  
Paper 20 Minutes:  From Clinical Care to Community-based Support - Working Collaboratively to Enhance Quality of Life in the Golden Years.  
Anne Fahey  Neil Brewer  Sandra Attwell  
This paper describes the development of a collaborative relationship between Bendigo Health Aged Persons Mental Health Services (APMHS) and Golden City Support Services (GCSS). This collaboration has facilitated the development of a targeted psychiatric disability support program (PDRSS) for older consumers by GCSS. The working relationship between APMHS and GCSS embodies the principles of the Victorian Clinical/PDRSS Alliance initiative. As with most collaborative work, trust has been important to the development of this relationship. (Adam and Walker 2000). The unique contribution that each service makes to recovery is the foundation of this work. Respect, another key factor in the success of collaborative work, derives from a shared understanding of the effects of mental illness on older people and a commitment to supporting the person in their individual recovery from mental illness. Outcomes from this collaboration have included continuity of care for older consumers; relapse prevention; fewer admissions to the inpatient unit; and increased community re-integration. The development of collaborative work will be important in meeting the significant challenges and opportunities for the mental health service delivery system in responding to the needs of Australia’s ageing population. The importance of good mental health for an ageing population is recognised by the Australian Government which has said that ‘poor physical and mental activity, estrangement and isolation have to be replaced with intervention, support and opportunity’. (Andrews 1995: S1). Collaborative work, of which this program is an example, grounded as it is in a sound understanding of the needs of older consumers, is required so that older consumers can experience the fulfillment of the Golden Years. Learning Objectives: 1. Delegates will learn of the factors important in developing and fostering a collaborative working relationship between clinical and PDRSS in supporting older people in their recovery from mental illness. 2. An ageing population requires the development of collaborative working relationships in the recovery of older consumers in order to meet the challenges of mental health service delivery in the 21st century. References: Adam, J. and Walker, R. 2000 Trusting Relationships Between Organizations, unpublished paper, La Trobe University Melbourne. Andrews (1995). How the Australian Government views its responsibilities in an ageing world. Australasian Journal on Ageing. 24 (Supplement): S2-S4.

S54  Medication  
6/09/2007 From: 1330 To: 1500 Venue: Otway 2  
Paper 20 Minutes:  The Medicine Awareness Project.  
Kathryn Weedon  
This paper will highlight the preliminary results from a consumer led research project called the Medicine Awareness Project (MAP). The Medicine Awareness Project was funded in 2006 by a Victorian Department of Human Services Mental Health Fellowship grant. This project has been investigating and exploring barriers that might prevent people with serious mental illness from obtaining comprehensive information about their medicines. A lack of medication information has been identified as a known problem area in the recently released National safety priorities in mental health: a national plan for reducing harm (National Mental Health Working Group, 2005) Three groups of people consumers, psychiatrists and community pharmacists (local chemists) were surveyed about their attitudes and behaviours around seeking or providing comprehensive information about the medicines used to treat serious mental illness. Early results suggest that while having similar medicine
information needs as other health consumers, people with serious mental illness face some unique barriers to obtaining the information they want about their medicines. With a commitment to building better mental health through promoting empowerment, the voices and experiences of the consumers surveyed will be highlighted in this paper.

**S54 Medication**  
6/09/2007 From: 1330 To: 1500 Venue: Otway 2  
**Paper 20 Minutes:** Consumer strategies for the management of medication side-effects.  
Tom Meehan  Terry Stedman  
Despite the impact of medication side-effects on compliance with antipsychotic medication regimes, few studies have investigated the strategies employed by consumers to manage the side-effects of their medications. In this study, 234 consumers participated in focus group discussions and individual interviews to identify (i) the major side-effects encountered and (ii) the strategies employed by consumers for managing these on a daily basis. The presentation will provide an overview of the study and discuss the 10 most troublesome side-effects identified along the key strategies for managing these.  
Learning Objectives: 1. Participants will learn about the most troublesome side-effects encountered by consumers and how they manage these on a daily basis. 2. The side-effects of medication have been identified as a major factor contributing to non-compliance. Understanding how consumers manage their side-effects may assist clinicians and case managers in their efforts to improve compliance.  

**S54 Medication**  
6/09/2007 From: 1330 To: 1500 Venue: Otway 2  
**Paper 20 Minutes:** Connect, Converse, Comply.  
Nga Tran  David Castle  Cynthia Nguyen  
In recent years, St. Vincent's Mental Health Service has been attempting to establish an active relationship with mental health consumers by coordinating an ongoing weekly medication forum. With the initiative and involvement of the Chair of Psychiatry (SVH), and inpatient pharmacists, the weekly forum has been sustained with the aim of gaining consumer trust, enhancing understanding of mental illnesses, potentially maximising adherence and consequently minimising hospitalisation. Medication forums are conducted on a weekly basis for the maximum duration of one hour and SVH-Medication Fact Sheets are distributed at each session. This often stimulates topics for active discussion, thus enhancing consumer enthusiasm and knowledge of their medications. All inpatients are invited to attend and participate in an open forum - a collaborative constructive discussion, involving both medical professionals as well as consumers. Particular consumers are encouraged to attend on the recommendations of the multidisciplinary team and carer on the basis of medication concerns, side-effects experienced, and limited knowledge into the perceived benefits. Preliminary evaluation shows an enhancement in patient's engagement with pharmacists and increasing numbers of individual consumers 'self-initiating' discussion about their medication and treatment. Furthermore, the numbers of requests from community consumers for SVH-Medication Fact Sheets has increased greatly.  
Learning Objectives: 1. Attendees will gain an understanding of the process undertaken to inform inpatients about their
psychotropic medications. 2. Adherence is a critical part of ensuring ongoing mental health, and psycho-education is associated with better compliance.

S55 Consumer Stories
6/09/2007 From: 1330 To: 1500 Venue: Otway 1
Paper 20 Minutes: Do you really hear what I am saying?.
Mark Smith Meg Kenyon
A great deal of the support work of the NGO sector is accomplished and mediated through language. This paper attempts to characterize some of this language in an attempt to understand the genre of support work when interacting with consumers through language. By using the experience of a consumer consultant, this paper will show a large proportion of words relating to the person and to feelings and needs are often jargon and not meaningful to the consumer involved in the transaction. There is much diversity in the descriptions and the vocabulary used to refer to the client either in the clinical system or the NGO. Most workers recognize that users of mental health services are often stigmatized and stereotyped by society. The language that people choose can compound this prejudice. Many people find some of terms used as offensive and when asked to comment on organizational directions are often bewildered by the 'management jargon'. The learning objectives are for workers to be aware of the words used and ways to involve consumers appropriately. The use of what is considered standard expression by management suggests that some reports consumers are asked to participate in were assembled on a language production line. Finally, we advocate a more systematic approach to educating clinical and NGO staff about the power of the language they use.

S55 Consumer Stories
6/09/2007 From: 1330 To: 1500 Venue: Otway 1
Carol Bell
Many Indigenous Australians who were removed from their families as children, experienced various forms of abuse while in 'care', as was reported in the HREOC report, Bringing Them Home. The effect of removal and abuse has a detrimental impact on the spirit and mind of the child and unless this is healed, it is carried into adulthood with the result of diagnoses of mental health illnesses. For Indigenous children, this is particularly damaging as the experienced trauma has a negative impact on the inherent cultural connections of identity that promote wellness of body, mind and spirit. 'Cultural and spiritual genocide attacks the very heart, the locale of who we are, more so than physical violence' (Atkinson, 2002: 71). This paper is a discussion about the importance of healing the spirit which has a natural consequence of the mind being healed as well, particularly for Indigenous Australians. This discussion does not negate the importance of mental health intervention, but suggests that it may be enhanced by recognizing the significance of spiritual understanding and healing in the lives of Indigenous Australians who have experienced removal and abuse. What is Spirit? According to the Macquarie Essential Dictionary, spirit is: the principle of conscious life, originally related to the breath; vital principle animating a person's life and actions. A vital, unseen part of a person. Animate: to give life to; make alive. Vital: being necessary to life. Mind: the intellect or understanding, as distinguished from the faculties of feeling and willing; the intelligence. Heal: to make whole or sound; restore to health; free from ailment. Clear: free from confusion, uncertainty, or doubt; serene, calm, untroubled.
**S55 Consumer Stories**  
6/09/2007 From: 1330 To: 1500 Venue: Otway 1  
Paper 20 Minutes: Playing to our Strengths: Placing consumer stories at the centre of research that evaluates case management.  
Bridget Hamilton  Cath Roper  Rachael Starbuck  

Along with ACT & PACT, the Strengths Model of case management has developed as an internationally recognised brand, within the plethora of approaches to case management in mental health. The success or otherwise of case management has been debated at several levels in the literature. This paper highlights the lack of consumer perspective evaluations of case management and argues for a change in approach to evaluation.  

**Method & Results:** A review of existing studies shows that efforts have been focused mainly on system efficiencies and clinician perspectives of outcomes, rather than consumer-centred outcomes. Positive outcomes of case management models are most commonly framed in terms cost savings, principally by reduction of inpatient bed days. The smaller body of studies, that investigate clinical outcomes based on clinician ratings of symptoms, rarely show a model of case management to be successful. Research and evaluation has not generally featured the client perspectives.  

**Conclusion:** Case management evaluations and evaluations of the Strengths model in particular need to take seriously the consumer views, experiences and stories. First person research, narrative analysis of consumer stories and consumer led evaluation are presented as examples of approaches that show greater promise in elevating consumer voice.  

**Learning Objectives:**  
1. Attendees will gain an overview of the focus of existing evaluations of case management research, which highlights the lack of consumer perspective.  
2. Attendees will be encouraged to consider consumer focused research methods that are less well known but highly congruent with the goals of case management.  

**References:**  

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**S55A Service Strategies and Studies**  
6/09/2007 From: 1330 To: 1500 Venue: Howqua 3  
Paper 20 Minutes: Strategies for men who don’t access mental health services.  
Andrew McSwain  

St. Luke's Anglicare has responded to the needs of men experiencing depression and anxiety in the Loddon Mallee region of Victoria, and the service gap that exists for these clients, by developing group programs that focus on the development of knowledge and strategies to better manage these high prevalence disorders. Men may be more willing to acknowledge fatigue, irritability, loss of interest in work or hobbies, and sleep disturbances rather than feelings of sadness, worthlessness and guilt. It is also suggested that men may be especially vulnerable to depression in the context of social and economic change. Research has demonstrated the benefit of individuals developing a plan according to individual need.  

**Beating The Blues** is a free program run by St Lukes Anglicare Bendigo and Bendigo Community Health Services. The Beating the Blues program aims to respond to the needs of men dealing with depression and social anxiety by offering an informative self help program designed to teach men in the local area about depression and anxiety, and by providing information about the situations and contexts in which depression may be triggered. The program assists men to identify ways that depression/anxiety specifically relates to men's experiences, and how men see themselves acting to prevent an episode. Men are supported to identify additional personal skills to assist
with managing their mood states in regard to depression and anxiety, and to become more aware of their own warning signs and triggers. Learning objectives: 1. Alternative approaches to inviting men to participate in mental health issues are often required. This paper will provide an outline for providing group programs for men experiencing depression and anxiety, equipping participants with practical steps and strategies for the development of programs. 2. The Beating the Blues program has encouraged change in the lives of the male participants in this program. Some outcomes for men participating in this group will be explored. References: Moving Forward in Men's Health. NSW HEALTH 1999. Brownhill, S., Wilhelm, K., Eliovson, G. & Waterhouse, M, For Men Only in Australian Family Physician, Vol. 32, No. 6, June 2003.

S55A Service Strategies and Studies
6/09/2007 From: 1330 To: 1500 Venue: Howqua 3
Paper 20 Minutes: Staffing the Future.
Fiona Dawes  Paul Nestor
In 2006, Central Northern Adelaide Health Service, South Australia recruited 18 peer specialists and carer consultants. It was believed that employing a critical mass of lived experience team members in acute units would have a significant impact on quality recovery oriented outcomes and service delivery. The aim of this paper is to present the findings of the research evaluating the impact of introducing peer specialist and carer consultant staff into all the acute, inpatient units of Central Northern Adelaide Health Service in South Australia. It will discuss the implications of the outcomes in relation to service quality, the implications of employing a significant number of lived experience team members into the service and the value of multi-agency partnering for this project. Learning Objectives: 1. Participants will understand the research outcomes in relation to the formal evaluation of the impact of introducing peer specialists and carer consultants into all acute inpatient units across Central Northern Adelaide Health Service. 2. Participants will explore the implications and relevancy of the research outcomes of involving lived experience service providers in the mental health service. References: Solomon Phyllis 'Peer Support/Peer Provided Services Underlying Pricess, Benefits and Critical Ingredients'. Psychiatric Rehabilitation Journal Spring 2004, 27, 4. Voelker, R. 1994 'Is experience the best teacher?' The Journal of the American Medical Association, Vol 272 (22) pp1726-1727. Learning Objective One Participants will understand the research outcomes in relation to the formal evaluation of the impact of introducing peer specialists and carer consultants into all acute inpatient units across Central Northern Adelaide Health Service.

S55A Service Strategies and Studies
6/09/2007 From: 1330 To: 1500 Venue: Howqua 3
Paper 20 Minutes: A naturalistic observational study into impact of merging a Mother and Baby Program, Eating Disorder / Mood Disorder Program and an Acute Psychiatric Unit.
Jeffrey Daniel  Mary Apostolidis  Daniel Nicholls  Jon Lanford  Steve Nedelkos
Acute Psychiatric Unit is a 16-bed inpatient unit providing specialist multidisciplinary approach to the treatment and management of consumers experiencing severe acute mental health issues. Banksia House is a 15-bed inpatient unit. It contains two specialty areas: - Mother & Baby program (6 beds) and an Eating Disorder / Mood Disorder program (9 beds) The primary objective of this study is to measure and compare the impact of merging the 2 units and the altered unit environment on the consumers Numbers of questions will be researched: - 1. Numbers of admissions, diagnosis, status of admissions, numbers relating to revolving door syndrome. 2. Will the New environment have an impact on the Mood and Eating Disorder consumers in terms of admission and discharge rate. Will the level of satisfaction of the
consumers change, using the current means to rate satisfaction. 4. Will there be a change in the number of incidences or episodes of behavioural disturbance on the unit. (Pre and Post).

Learning Objectives:
1. Delegates will gain increased insights into impact of merging a Mother and Baby Program, Eating Disorder / Mood Disorder Program and an Acute Psychiatric Unit.
2. Objectives will include a longitudinally assessment of the above questions so that more evidence-based guidelines could be developed.

References:

S56 Participation & Training
6/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre
Paper 20 Minutes: Recent Developments in the National Mental Health First Aid Training and Research Program.

Betty Kitchener
This talk will describe a number of recent developments in the Mental Health First Aid (MHFA) Program: Development of international guidelines for providing first aid for developing mental disorders and crisis situations; A trial of MHFA training for middle year school teachers; Versions of the program for CALD and Aboriginal people; E-learning version of the MHFA course; and a DVD demonstrating first aid for psychosis.

Learning Objectives:
1. The audience will have the opportunity to learn how the MHFA Program helps to reduce the stigma around mental illness and to increase the mental health literacy of our diverse communities.
2. Many people with mental disorders do not get help or face delays in getting help. Members of the public can assist them in this regard.


S56 Participation & Training
6/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre
Paper 20 Minutes: Recovery in the Territory - the Sub Acute Care Trial, Top End Association for Mental Health Inc,
Kirsty Carter Melissa Heywood Stephen Norris Rohan Langtree
The aim of this paper is to present the mid term and final outcomes for TEAMhealth’s Sub Acute Care Trial (SACT). The SACT is a community based non residential program designed to reduce pressure on the inpatient unit of Royal Darwin Hospital by providing intensive support services to clients who are becoming acutely unwell as well as those who have been in hospital and can be discharged early. The model was designed around the best practise features of community based programs including hospital at home and assertive community treatment programs. It is guided by the principles of recovery focussed psychosocial rehabilitation with a strong emphasis on the capacity of clients to recover from the symptoms of their illness. Close partnerships with family, community agencies, clinical and other specialist service providers is critical to its success.

Learning objectives - (1) participants will gain an understanding of the service model and outcomes of TEAMhealth’s SACT. (2) Participants will develop an understanding of the complex issues in the application of a recovery focussed psychosocial rehabilitation model in the Northern Territory.

References:
S56 Participation & Training
6/09/2007 From: 1530 To: 1700 Venue: John Batman Theatre
Paper 20 Minutes: Building Healthy Communities: Mental Health First Aid Training for Aboriginal and Torres Strait Islander Communities.
Carol Edington
In 2001, a Mental Health First Aid course was developed in Australia to help reduce the stigma associated with mental illness and to raise mental health literacy. The course has spread to every state and territory and to six countries overseas. This paper discusses the development of a culturally sensitive and appropriate Mental Health First Aid course for Aboriginal and Torres Strait Islander communities (AMHFA) and some of the issues, challenges and successes of the course. Since the inaugural course to train Aboriginal Instructors occurred in March 2007 training courses for Instructors have been conducted in 5 States. Around 70 Aboriginal and Torres Strait Islander AMHFA Instructors have received the training. Their delivery of the 14 hour AMHFA course to communities throughout Australia has received favourable responses. Continual assessment of the course and appropriate revision ensures that feedback about the cultural aspects of the course are continually adapted. Using her first hand experience in the delivery of a large number of courses to Aboriginal workers and community members Kara will highlight some of the cultural adaptations which have occurred, and speak of the ongoing rollout of the programme looking at strengths, challenges and future visions.

Learning objectives:
1. Audience participants will have the opportunity to gain an insight into some of the issues Aboriginal Health Workers face in promoting improved mental health outcomes for Aboriginal and Torres Strait Community members.  
2. Many face the challenge of providing sensitive and appropriate programmes addressing the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Aboriginal Mental Health First Aid has been developed specifically to address these needs and to train indigenous people to improve the mental health literacy of their own communities.

S57 Clinical Redesign
Symposium 1.5 Hrs: Clinical re-desing.
Roger Gurr, Alex Cockram, Suzanne Rix, Brenda Spencer
This practical seminar will explain why millions are being spent in NSW on Clinical Redesign & the Six Sigma Methodology, using expensive Management Consultants. What are the benefits? What is the experience like for consumers, carers and staff? Can you do it in your service? Roger Gurr (Director of Mental Health, Sydney West Area Health Service) will explain the concepts, with examples from NSW, A/Prof. Alex Cockram (Director, Northwest Mental Health, Melbourne) will tell how it can be done without expensive consultants, with examples from Victoria, and Suzanne Rix (Consumer Consultant, SWAHS) and Brenda Spencer (Carer Consultant SWAHS) will tell you about the participatory experience, with their own examples. The results speak for themselves.

S58 NGOs
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 6
Symposium 1.5 Hrs: The Growth of Non-Government Service Provision in mental health - Where will it be in 2020?
John Farhall, Bill Healy, Liz Crowther, Robyn Humphries, Marion Blake, Douglas Holmes
Co-ordinator: John Farhall (La Trobe University and North Western Mental Health, Vic.) New Zealand has extensive provision of mental health services through non-government organisations (NGOs) and there is rapid growth and innovation in this sector in Australia currently. This panel presentation and discussion will update you
on the emerging directions as we look towards 2020, and grapple with some of debateable issues such as: What is the territory of clinical versus NGO services? How should services work together? Do close service partnerships erode the benefits of the distinctive philosophies of each sector? What is best for consumers? Our experts will kick off discussion with short presentations, and then it will be over to them and you for discussion and debate. Bill Healy (A/Prof, La Trobe University and Board Chairman, Richmond Fellowship, Victoria) will give an overview of the changing NGO sector in Australia, and Marion Blake (CEO, Platform, NZ) will outline the extent of service provision via NGOs in New Zealand. Douglas Holmes (Consumer Participation Co-ordinator, St Vincent's Health, Sydney) will present feedback from consultations with consumers about the strengths and weaknesses in NGO services, and what consumers want to see in 2020. Liz Crowther (CEO, Mental Illness Fellowship, Vic) and Robyn Humphries (Manager, Northern AMHS, Vic) will describe from their different perspectives how NGOs and clinical services can work together with great results, but will also introduce emerging issues & limitations in working together. Come and add your voice to the discussion! A/Prof Bill Healy (La Trobe Uni and RF Vic) will speak about the changing NGO sector in Australia - By the year 2020 how will the sector have expanded and what types of NGO services will there be? Marion Blake (Platform, NZ) will ask: Is NZ leading the way in provision of services via NGOs and give an overview of the extent of service provision via NGOs, the range of service types, relationships between clinical and NGO services. Speaker 3: will talk about strengths and weaknesses in NGO services - What do consumers want to see in 2020? [What works and what doesn’t - ?Douglas H (Consumer participation co-ordinator, St Vincents health Sydney)] Liz Crowther (MIF, Vic) will look at how NGOs and Clinical services can work together towards 2020 from an NGO perspective. This will include discussion about how blended clinical and NGO services are possible and ideal, and will describe the issues & limitations in working together. Robyn Humphries (Northern AMHS, Vic) will speak about how NGOs and Clinical services can work together towards 2020 a clinical services perspective, including issues in working together and negotiated division of labour within an integrated system is the way of the future. Learning Objectives: 1. To gain an appreciation of the extent of growth of mental health services provided by the non-government sector in Australia (& NZ), and, in particular, emerging new directions. 2. To discuss the critical issues in blended versus separate service provision

**S59 Living Well**


**Paper 20 Minutes: Include camping in your 2020 vision.**

**Liz Leorke  Sue Cotton**

Many practitioners in the camping and mental health industry understand the power of a camping experience to enhance the state of people's mental health (Kelley, Coursey, Selby, 1997). However, the outcome of programs to show the interdependence between people, their health and their physical and social environments is lacking (Pryor, Carpenter, Townsend, 2005). In this session Steps; a camp for young adults experiencing mental illness will be explored. Steps is a strength focused program where the participants attending are given a chance to engage in empowering activities that seek to build self identity, independence, confidence, optimism and social skills. Steps is the result of a multidisciplinary collaboration between Sport & Recreation Victoria, YMCA Victoria, DHS Mental Health Branch, small and large PDRS', acute mental health services, ORYGEN Youth Health, Australian Camping Association and consumer bodies. The foundation has been set for ongoing integration of a multidisciplinary approach to rehabilitation. From evaluation results generated by ORYGEN, we will have a better understanding of how camping programs impact the young adult's immediate and

S59 Living Well
Vicki Johns
The Living Well Project was a collaborative project between Southern Mental Health Services for Older People (SMHSfOP) and the Supportive Community Services division of Elderly Citizen Homes of South Australia Inc. (ECH). The goal of the project was to improve the social and emotional wellbeing of older people who are experiencing loneliness and isolation and who were at risk of significant negative impact on health and well being. An outcome of the project was to develop a model of practice based on the responses of the residents living in ECH Independent Living Units (ILU's). Eleven sites of varying sizes were randomly selected for inclusion in the project. One hundred and six residents volunteered to participate and each completed a questionnaire and face to face interviews with the project officer. Issues were identified and positive interventions developed which were individualized to suit the particular circumstances of each resident. As a result a revised model of practice was developed for ECH Support Coordination Staff. It also provided the opportunity for SMHSfOP to demonstrate a primary health approach to mental health care provision in an ageing community based population. Learning objectives: The Project highlights the range of mental and physical health problems experienced within an ageing population and explores ways to address these issues. This could potentially influence the providers of mental health services to older people to place more emphasis on Primary Health Care interventions. References: Kawamoto, R. Yoshida, O. Oka, Y. Kodama, A. 2005 Influence of living alone on emotional well-being in community-dwelling elderly persons. Geriatrics and Gerontology International 2005: 5: 152-158 Cattan, M. White, M. Bond, J. Learmouth, A. 2005 Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. Aging & Society 25, 2005, 41-67.

S59 Living Well
Paper 20 Minutes: Feeling blue? Then touch green for better mental health and wellbeing: The benefits of volunteering in a conservation group.
Mardie Townsend Matthew Ebden
Individually, nature-based activities (Maller et al., 2002), volunteering and opportunities for social interaction have been identified as important mechanisms for maintaining and enhancing health and wellbeing (Moore et al., 2006). Feel Blue Touch Green is a program that combined these mechanisms to enhance the mental health and wellbeing of people experiencing depression, anxiety and/or social isolation by engaging them as volunteers with a conservation group. Ten participants from regional and rural areas in Victoria were supported by other community
The MHS Conference – Book of Abstracts, Melbourne 2007

volunteers, parks and wildlife officers and researchers to engage in a variety of activities such as plant propagation, tree planting, wildlife counting, flora and fauna identification and bush walking. In addition to the environmental benefits of being involved in conservation and nature-based activities, the participants developed life skills, confidence and self-esteem, while learning to manage anxiety and depression and overcome a variety of challenges. Important social links were developed between the participants, who also reported a number of physical and other health benefits. This paper outlines a community-based example of how mental health can be improved for people experiencing depression, anxiety and/or social isolation through volunteering in a conservation group. It also highlights the relationship between the health of individuals, their community and the natural environment. Learning objectives: 1. In addition to the environmental benefits of conservation activities, people in the audience will learn about the mental health and well-being benefits of engaging people experiencing depression, anxiety, and/or social isolation as volunteers in a conservation group. 2. This paper will demonstrate to people in the audience the successes and challenges of engaging various organisations and sectors of a rural and regional community in Victoria as an innovative model of mental health service delivery to enhance the mental health and well-being of people experiencing depression, anxiety and/or social isolation. References: Moore, M, Townsend, M & Oldroyd, J (2006), 'Linking human and ecosystem health: the benefits of community involvement in conservation groups', EcoHealth, vol. 3, no. iv, pp. 1612-38. Maller C, Townsend M, Brown P & St Leger L (2002), Healthy parks healthy people: the health benefits of contact with nature in a parks context. A review of current literature. Deakin University & Parks Victoria, Melbourne, Australia

S60 Outcomes Measurement
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 4
Paper 20 Minutes: NSW Outcomes Through NGOs Initiative: Building the knowledge base on psychosocial resilience, recovery and rehabilitation programs through MHCC’s State-wide Routine Consumer Outcome Monitoring and Information Strategy.
Jonine Penrose-Wall Jenna Bateman
The 2006 COAG recommendations conveyed community expectation for psychosocial rehabilitation and not just biomedical or disease management interventions, to underpin mental health services. Specialist mental health NGOs in NSW commenced 100 years ago. For decades, theirs has been a unique contribution. They meet niche needs, involve consumers and communities in their own health management, and provide psychosocial support and recovery programs. But an Australian knowledge base of mental health NGOs has not yet been achieved. The same is true for the 144 mental health NGOs in NSW: we don’t know their demographic and activity data, nor minimum data about their performance, nor outcomes achieved. The authors outline the staged research process to develop a system of outcome monitoring and activity data for service-providing NGOs. Its implementation plan is based on evaluations of other Australian and international RCOM systems. A state-wide NGO consumer consultation, in-depth multi-site NGO case study, and an organisational scoping study provide the background to the special circumstances inherent in implementing RCOM and information systems in the NGO and partnership service delivery contexts. This is the first voluntary sector-owned/managed system in Australia’s mental health field, managed through the State NGO peak, as opposed to systems initiated and imposed by government funders. Learning Objectives: 1. Delegates will consider the macro considerations when implementing novel outcome monitoring systems, taking into account the public health importance of preserving NGOs as unique service settings and health promotion conduits within communities. 2. Delegates can articulate the reasons why NGOs should build an industry-based reliable and credible knowledge base about
their own work, and how this knowledge stock from outcome monitoring can contribute to service redesign and enhancing partnership planning with clinical rehabilitation providers.

**S60 Outcomes Measurement**

6/09/2007 From: 1530 To: 1700 Venue: Bellarine 4


Glen Tobias  Kim Helyer  Tom Trauer

The assessment of consumer outcome was identified as a key aim in the National Mental Health Plan. Neami, a community rehabilitation and support service, has been using the Behaviour and Symptom Identification Scale (BASIS-32), a consumer self-rated outcome instrument and the Camberwell Assessment of Need (CAN), a consumer and staff rated needs assessment instrument, for over six years. We report the mean profile of consumers who completed their first BASIS-32 and CAN on entry to the service and compare this with BASIS-32 and CAN assessments at subsequent intervals. We discuss the change over time for consumers as detected by the two tools and discuss the extent subsequent administrations of these instruments reflect the effect of service provision. We report consumer and staff feedback and attitudes to outcome measurement and explore the impact outcome measurement has had with consumers and on staff practice. We discuss the implications of our findings for the future of outcome measurement in rehabilitation services.

**Learning Objectives:**

1. People will learn how standard assessments of mental health can contribute to the planning and monitoring of consumers’ care.
2. Routine outcome measurement is being introduced into all mental health services in Australia. The various stakeholders need to understand what such measures are able to contribute.

**References:**


**S60 Outcomes Measurement**

6/09/2007 From: 1530 To: 1700 Venue: Bellarine 4

Paper 20 Minutes: Outcome measures. Help or hindrance in the therapeutic relationship?

Glenda J Pedwell

Psychotherapy researchers have consistently found a modest correlation between client outcomes and the quality of the client/therapist working alliance. Other researchers have argued that the alliance may not be a precursor of better outcome but rather a marker of treatment progress, asserting that improved alliance follows improvement in outcome (or health status). Research on the therapeutic alliance has been based on various sources of information. Some studies have collected clinician perceptions only, while others have collected consumer perceptions, with fewer studies collecting both consumer and clinician perceptions. Where both consumer and clinician perceptions have been obtained, significant differences in perception between consumers and clinicians have frequently been found. Similar findings have emerged with routine collection of outcome measures. Where both consumer and clinician measures are collected, significant differences often exist. More commonly however, the clinician rated measures are collected with much lower rates of collection of consumer completed measures. In consequence, opportunities for consumers to contribute their perspective and for consumers and clinicians to reflect on differing ratings may be lost. This presentation will present an overview of the research on therapeutic alliance and outcome measures, consider some common areas of convergence and divergence between consumers and clinicians and then discuss the use of outcome measures to strengthen the therapeutic relationship and...

**S61 Families & Collaboration**  
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 3  
Paper 20 Minutes: Partners in Depression.  
Karen Barrett  Frances Kay-Lambkin  Trevor Hazell  Elizabeth Kemp  
The Partners in Depression program is an education/support group for partners, family members and friends of a person with depression being developed, implemented and evaluated by The Hunter Institute of Mental Health in collaboration with Beyondblue. The main aims of the six session program are:To provide information to the target group about depression, it's symptoms, diagnosis and treatments;To provide education and to increase utilisation of self care and coping strategies for the target group;To encourage the target group to increase help-seeking behaviour for themselves and the person living with depression. One of the premises of the development of this program is that partners and family members of people with depression can develop their own mental health issues and increased stress responses as a result of caring for or supporting a person with depression and that this in turn can then also impact on the person with depression. In their research (Jeglic et al., 2005) interviewed 31 carers and people with depression and showed, that whilst carers did not experience significantly more symptoms of depression than their family member they did experience some symptoms and that increased levels of caregiver stress and burden were associated with increased feelings of depression in their loved ones. In addition, in their research (Higget, McNair, Davenport, & Hickie, 2004) report that carers of people with depression highlight the vital importance of designated mental health support groups for gaining information, sharing experiences, gaining helpful strategies and reducing the social isolation. This presentation aims to provide the audience with information about the development and initial implementation of the Partners in Depression program in the Hunter region of New South Wales as well as information and feedback provided by the participants in the pilot groups of the program regarding effectiveness and usefulness of the program for the carers of people with depression. Higget, N. J., McNair, B. G., Davenport, T. A., & Hickie, I. B. (2004). 'How much more can we lose?': carer and family perspectives on living with a person with depression. MJA, 181(7). Jeglic, E., Pepper, C., Ryabchenko, K., Griffith, J., Miller, A., & Johnson, M. (2005). A caregiving model of coping with a partner's depression. Family Relations, 54, 37-45. Learning Objectives: 1. People in the audience will learn about the Partners in Depression Program developed and piloted by the Hunter Institute of Mental Health, the rationale, literature and research leading to the development of the program and the initial feedback from participants following the running of the pilot program. 2. This presentation is very relevant to mental health services as depression is an extremely prevalent condition in Australian communities and innovative services and programs for consumers and carers that can be implemented across areas are of great benefit.
S61 Families & Collaboration  
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 3  
Paper 20 Minutes: From Rehabilitation to Recovery: making consumer, carer and clinician collaboration the main game in adult residential services.  
Susan McDonough Mary Macrae Jenny Burger Bill Moon Andrew Marsden

A new recovery based framework is now in place across five residential rehabilitation services within an adult area mental health service. We will outline how a recovery project team comprising two consumer and two carer consultants as well as a project clinician has assisted in the development, planning and implementation of this change. The Think Recovery framework was adapted from the work of Larry Davidson (Proposed Model of Recovery & Recovery Services) and from the Ohio Department of Mental Health (Emerging Best Practices). The framework encourages clinicians to work collaboratively with consumers and carers to identify where the consumer is at in their personal journey and how they want their future to be. It also supports and encourages consumers to become more empowered and take increasing responsibility for managing their own lives. This project is providing many opportunities for genuine collaboration between consumers, carers and clinicians; consumer and carer consultants are participating in various committees and task groups, project evaluations accommodate all three perspectives and consumer and carer consultants are providing professional development sessions to and also alongside clinicians. The early indicators are that these partnerships are beneficial for consumers, carers and clinicians.

S61 Families & Collaboration  
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 3  
Paper 20 Minutes: The Holding of Hope and Moving Towards Family Recovery.  
Peter McKenzie

In this paper, I share a vision of care and recovery that many families see as their highest priority: to hold the hope and embrace the possibility that they can resist or lessen the suffering that mental illness inflicts on their loved one and the family by supporting the family member in moving towards regaining a sense of wellbeing and participation in life. Although the notion of recovery may represent a possible terrain of mutual benefit and a shared vision of hope for family members suffering a mental illness, their families and services, it has not entered into the various discourses in any direct or meaningful way. The meanings of recovery in terms of family experience and carer role are often left unexplored. By paying attention to family/carer experiences and their local knowledge I propose that we can begin to sketch a vision and possible practices of family recovery. Drawing on my therapeutic and support work with carers and families living with mental illness, I describe a number of practices that centre on the recovery of hope, ways of holding hope and exploring possibilities, finding a balance between maintaining a ‘holding environment’ of safety and the tending to family self-care. Learning objectives: 1. Participants with gain a sense of how families living with mental illness begin to explore and can work towards family recovery. 2. The topic is relevant because families and their knowledge and potential contributions to the ‘talk’ and discourse of ‘recovery’ in mental health has been either unrecognised or little explored. This paper is an attempted to introduce some possibilities of family recovery practice. References: Lefley, H. 1997. The consumer recovery vision: will it alleviate family burden. American Journal of Orthopsychiatry, 67(2) April, pp.210-219. McKenzie, P. 2006. The holding of hope: exploring the relevance of the recovery vision for carers/families. New Paradigm: The Australian Journal on Psychosocial Rehabilitation. September 2006, pp. 22-30.
Working to enhance dual diagnosis competencies in mental health and AOD services.

Melissa Petrakis  Nicole Allen

Internationally mental health and drug and alcohol services are working with increasing numbers of people experiencing both mental health and substance use disorders. This adds complexity to assessment, diagnosis, treatment and recovery and is known to increase the risk of relapse. Both through the National Action Plan (COAG 2006) and in Victoria through the new key directions document, an integrated approach to dual diagnosis treatment and care as core business in specialist mental health (clinical/PDRSS) and AOD services is being prioritised, with no wrong door for treatment, a hierarchy of client-centred service responses, consultation and support to primary care, and involving consumers and carers in policy and service development (DHS 2006). This presentation aims to describe how the Substance Use and Mental Illness Treatment Team (SUMITT) has initiated and implemented a quality assurance research process in late 2006 using the standardised COMPASS tool (Minkoff and Cline 2001) with key stakeholder organisations across northern and western metropolitan and regional Victoria. The survey captures current dual diagnosis competencies and areas for improvement across programs in an organization. This tool then enables targeting plans to increase competencies and confidence in service staff. By September initial outcomes and trends will be reportable.

Learning objectives:
1. People in the audience will learn about changes in policy regarding dual diagnosis from attending this presentation, and a way to engage services to work more competently to meet the needs of consumers.
2. This topic/issue is relevant to mental health services and mental health issues as more than half of all clients have dual diagnosis issues.

References:
Department of Human Services (DHS) (2006), Key directions and priorities for service development, Version 1, Victoria, 27 March 2006.
Minkoff, K. & Cline, C.A. (2001), COMPASS, Version 1.0, Comorbidity Program Audit And Self-Survey For Behavioral Health Services (Compass), Adult and Adolescent Program Audit Tool For Dual Diagnosis Capability, Co-occurring Disorders Services Enhancement Toolkit Tool Number 5, ZiaLogic, USA.

Developing a Model of Care for Dual Diagnosis Clients: What Do the Clients Say?

Petra Staiger  Marita McCabe  Lina Ricciardelli  Anna Thomas  Greg Young  Wendy Cross

It has been argued that many clients with a dual diagnosis are falling between the gaps of the health care system resulting in poor long-term outcomes for these individuals (Drake & Mueser, 2000; Kavanagh, et al., 2000). In particular, this is the case for those individuals with anxiety and depressive disorders as they are often excluded from accessing mental health services. The rationale behind this project is that careful and informed planning is required in order to develop clear pathways of care between primary and secondary services. This project has five stages: interviews with key informants in the field; a literature review; interviews with dual diagnosis clients, developing a service plan model for these clients and finally conducting a preliminary evaluation of this service plan. This presentation reports on data from stage three, a qualitative analysis of interviews with 31 dual diagnosis clients regarding service experiences. Results showed that clients generally accessed help via their GP or self-referral. Barriers to treatment included inadequate referral processes, inadequate responses to crises, a lack of flexibility within the
system and a lack of continuity in care. Finally, clients’ suggestions to improve the system included increasing resources, targeted staff training, early intervention and strengthening primary care entry points. Learning Objectives: 1. The audience will gain a picture of the experience of treatment, including the barriers and facilitators, from the point of view of a client experiencing both mental health and substance use issues. 2. This issue is relevant to mental health because people experiencing both mental health and substance use issues can have additional issues and barriers to treatment that may not be experienced by individuals who are experiencing only one type of issue.

S62 Rural Communities
Rose McCrohan  Apostolidis Mary  Kathkeen Ryan
NEXUS is one of the four teams of the Victorian Dual Diagnosis Initiative. NEXUS' function is capacity building of Mental Health Services, Alcohol and Drug services and Psychiatric Disability Rehabilitation Support services to respond to mental health and drug/alcohol issues in an integrated manner. Within the capacity building model NEXUS focuses most strongly on building organisational capacity. The aim is to promote systemic change for better client outcomes. NEXUS has found that facilitating Linkages meetings between the services referred to provides one way to build organisational capacity. Linkages meetings provide a loose but structured forum for services in the North East/Austin region to discuss and develop strategies to provide integrated service to dual diagnosis clients. The presentation will assure the audience that creating and maintaining Linkages is a very achievable undertaking. Indeed, beauty of Linkages is its simplicity. The speakers will outline how these meetings are set up and facilitated. Numerous outcomes will be shown, such as A&D staff attending Crisis Assessment Treatment Service (CATS) shifts, A&D Registered Nurse working on the Mobile Support Treatment Service (MSTS) months, cross service training, referral process changes to maximise client follow through resource sharing, A&D staff attending case presentations at the mental health service including co-presentation of cases, the development of a Linkage Agreement regarding assessments for withdrawal unit clients in non urgent situations, Moreland Hall Home based Withdrawal Service co-visiting with MSTS where appropriate. The qualitative feedback component of the meetings continues to indicate that relationship enhancement has been a most valuable core outcome. Among these outcomes, four case examples of integrated practice will be outlines. These examples involve clients from Banksia House, Austin Hospital Specialist Inpatient Psychiatric Service and UnitingCare Moreland Hall Community Residential Drug Withdrawal Service. Learning Objectives: 1. to understand the importance of organisational linking when working with complex clients. 2. To understand a simple model of organisational linking. References - O’Hanlon A. et al. 2002, Building Capacity for Mental Health: A two and a half year follow up of the Auseinet reorientation of services projects, Australia. Keene, J. 2001, Clients with Complex Needs, Blackwell, Great Britain.

S63 Older People
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 1
Paper 20 Minutes: Fitting Custom Made Glass Slippers: Why Adult Mental Health psychosocial models & assumptions don’t fit comfortably into Aged Mental Health programs.
Cheryl Martin
Aged Health Services are sometimes referred to as Cinderella Services as they work out of the limelight between the fields of Aged Physical and Mental Health to meet
client needs. A significant number of Aged Mental Health clients have had no previous contact with Mental Health Services. Literature is scant on the work done with clients and the specific development needs of these demographic cohorts. The needs of these groups have remained invisible while most research has been done with Adult Services. In order to attend the Service Provision Ball, Aged Mental Health Services are often required to borrow & refashion a service model from Adult Mental Health Services. Despite creativity, the models often do not take into account the needs of consumers which include the tasks of ageing that they are currently negotiating. Drawing on the work of Erikson, Vaillant, and Hassett this presentation will outline why psychosocial approaches utilised in adult services do not necessarily address the needs of the older client. This presentation proposes an analogy of a glass slipper to fit a psychosocial approach of working with older clients to enable Aged Mental Health Services to attend the Appropriate Service Provision Ball.

Learning Objectives:
1. Attendees will gain an understanding that part of ageing well requires service providers to address the ageing tasks of the Aged Mental Health Clients. They will also gain an understanding of the reasons why Adult Mental Health Service approaches may not easily transfer onto the older cohorts of clients.
2. With a growing proportion of older people in the population, accurately establishing client psychosocial needs becomes imperative for service provision. To be consumer focused Mental Health Services must address the developmental needs of clients who present to the service.

References:

S63  Older People  
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 1  
Paper 20 Minutes: Turnaround In A Mainstreamed Aged Persons’ Mental Health Service In Crisis: A Study Of Organizational Renewal.  
Alan Lilly Simon Stafrace Sandra Keppich-Arnold  
Despite the focus on 'main streaming' mental health services in the 1990s in Victoria, there is still much discussion and debate about the extent to which the integration of mental health services is a reality, rhetoric or even a necessity. This paper will demonstrate how leadership was harnessed and drove service integration, in order to turnaround a decline in the performance of an aged persons' mental health residential care service. In 2000, the nursing home faced a crisis of public confidence due to failings in the management of quality, clinical risk and human resources within the service. Beds were closed as permanent staff numbers dropped and casual (agency) nursing staff numbers soared. These problems reflected structural and operational shortcomings in the clinical directorate and the wider organization. Turnaround required attention to local clinical accountability and transformation of the mental health program from a co-located but operationally isolated service to one integrated effectively within the governance structures of the auspicing organization. These changes contributed to significant improvements in clinical care, human resource management and recruitment & retention of staff, all of which have been sustained into 2007.

S63  Older People  
6/09/2007 From: 1530 To: 1700 Venue: Bellarine 1  
Paper 20 Minutes: Utilising Snoezelen Therapies to improve the quality of life for people affected by dementia  
Bec Klucso Tracey Harmer  
Dementia is a progressive and irreversible brain condition causing the loss of memory, intellect, the ability to problem solve, communicate and control the expression of reactions. Carers and health professionals identify intrusiveness,
wandering, agitation, and aggression as the most challenging behavioural symptoms of dementia, often contributing to carer distress. In recent years, Snoezelen (multi-sensory) therapies have been beneficial in reducing challenging behaviours for people affected by dementia. The Aged Psychiatry Inpatient Unit at Peninsula Health, Victoria, conducted a study to examine the effects of Snoezelen therapies for people with dementia. A Snoezelen environment was established on the ward and psychological and behavioural changes were recorded using the Cohen Mansfield Agitation Inventory. The aims of the presentation are to: 1. Present the history and development of Snoezelen. 2. Outline the methodology, implementation and results of Snoezelen at Peninsula Health. 3. Review the potential benefits. 4. Demonstrate how Snoezelen strategies can be effectively utilised in various environments. The presentation will provide carers and health professionals with the skills and knowledge for utilising Snoezelen therapies, in a collaborative manner, ensuring person centered care, and ultimately improving the quality of life for the person with dementia. Learning Objectives: 1. The audience will learn how a Snoezelen environment implemented in an aged psychiatric inpatient unit can improve the quality of life for a person with dementia, or other mental illnesses. 2. There are limited non pharmaceutical therapies for people with dementia. This non pharmaceutical strategy is one option to engage a person with dementia in meaningful activity. References: Van Weert J, Van Dulmen A, Spreeuwenberg P, Ribbe M, Bensing J. Behavioural and Mood Effects of Snoezelen Integrated into 24 hour Dementia Care. American Geriatrics Society 2005; 53:24-33. Baillon S, Van Diepen E, Prettyman R. Multi-sensory therapy in psychiatric care. Advances in Psychiatric Treatment 2002; 8:444-452.

**S64 Children & Adolescents**

**6/09/2007 From: 1530 To: 1700 Venue: Otway 2**

**Paper 20 Minutes: Who are the High Service Users of a Child & Adolescent Mental Health Service?**

**Helen Mildred Diana Harte**

Young people seen by child and adolescent mental health services (CAMHS) with features of Borderline Personality Disorder (BPD) are frequently not referred to, or considered eligible for adult mental health services (AMHS) once they reach the age of 18. Anecdotal reports suggest that a small group of young people with BPD features eventually re-enter the mental health system as adults, with increased severity of symptomatology requiring frequent and acute service responses. In this study, the Victorian mental health database was used to develop a hierarchical list of all Eastern Health CAMHS high service users between 1998 and 2002. Four hundred and forty clients were designated as high users. Starting with the highest, files were screened in rank order to identify two groups who had significant ‘borderline’ traits or diagnoses –those who had been CAMHS clients only and those who had also had later contact with AMHS. This paper compares the mental health service utilisation patterns of these two groups, and draws lessons and practical implications for service provision.

**S64 Children & Adolescents**

**6/09/2007 From: 1530 To: 1700 Venue: Otway 2**

**Paper 20 Minutes: From Reacting to Responding: Developing a Relational Trauma Residential Program for Adolescents Presenting with Relational Trauma.**

**Lothar Werner Wahl**

Adolescents unable to be placed in foster care due to the complexity and severity of their clinical presentation require placement in more intensive programs. This has traditionally led to their placement in residential care. However, outcomes for this client group while in placement and subsequent to exiting care indicate poor
outcomes and a highly marginalised life trajectory. Recently, within the Australian context, there has been a strong call for a shift from a 'care and accommodation' paradigm to one of 'therapeutic care / treatment and accommodation'. Meanwhile, overseas, Attachment and Trauma experts have been working on a new diagnostic category that better reflects this very difficult client group - Developmental Trauma Disorder. This paper will aim to leave delegates understanding the recently developed conceptual and research base required to better understand this client group as well as new treatment strategies capable of producing clinically significant outcomes. The presenter will also discuss the organisational and cultural issues that attend developing such a program. This includes addressing issues of parallel process and diffusing therapeutic approaches to direct care staffing groups. Delegates will be left refreshed and energised in terms of their work with some of the most complex and traumatised adolescents in our community.

Learning Objectives:
1. Understand the theoretical frameworks and evidence-base for addressing severe attachment disruption, cumulative trauma and their neurobiological correlates.
2. Gain practical treatment strategies and techniques for working with adolescents who are unable to access traditional mental health services.

References:

S64 Children & Adolescents
Paper 20 Minutes: Evaluating the effectiveness of arm protector in improving safety for children and staff during aggressive events.

Sang Tran  Robyn Stargatt  Daniel Nicholls  James Olver  Jeffrey Daniel

The eagle child unit is a statewide inpatient service that utilizes physical holding and restraint as a final, least restrictive strategy to contain aggressive children with emotional issues. During physical restraints nursing staff contain children in the safest manner possible and do adhere to Occupational Health and Safety guidelines. A device was invented to prevent some of the injuries to all parties. The Eagle Arm Protectors aim to prevent children being able to scratch, bite and pinch staff, which lead to injuries such as bruises and open wounds. Developing a forearm protector was a priority. Ideas were taken from burn units where different materials are observed to prevent scratching of the wound. Retrospective information will be collected from case notes, staff/patient incident and intervention reports and the RAPID database. The data collected will be 6 months pre and post introduction of the Eagle Arm Protector from (1/9/01-1/8/02). Learning Objectives: In order to establish effectiveness of the arm protectors in the child unit Capacity for research in a specialized units. The finding of the data or what do you hope to achieve. Assess that the product works in preventing injury. Compare client and incident data. Extend research to other units around the world that do holding or restraint.

S65 Citizens & Elephants
6/09/2007 From: 1530 To: 1700 Venue: Otway 1
Paper 20 Minutes: Mental health service users as citizens in a recovery paradigm: The implications for mental health nursing practice.

Helen Paris Hamer

The word citizenship is increasingly being used in the discourses of recovery and health policy. However there is little published literature on what this means for users of mental health services on their own journeys of reclaiming their rightful place in their communities. The aim of this study is to explore the journey towards full participation in society for people who are recovering from serious mental illness, and
the implications for mental health nursing practice. This study will generate knowledge about the understanding of full participation as citizens, and whether the current framework of recovery focused care in mental health services helps or hinders the journey towards citizenship. The findings from this study will lead to recommendations for mental health nursing practice and education, other health professionals’ education and ongoing mental health policy development in New Zealand. The study is qualitative in design using a semi-structured interview format with key informants and focus groups, and analysis of policy documents, legislation and relevant literature including service user’s personal accounts. This paper will give the audience the opportunity to discuss the definition of citizenship, and the emerging findings from the service user’s perspective, mental health nurses and key stakeholders in statutory agencies. Learning Objectives: 1. Participants will be able to critique the definition of citizenship and the relationship of this notion to service users own personal experiences 2. Participants will gain an understanding of what helps or hinders the persons journey towards citizenship within the recovery paradigm


S65 Citizens & Elephants
6/09/2007 From: 1530 To: 1700 Venue: Otway 1
Paper 20 Minutes: It’s intimidating to be the only trainee psychiatrist on a table full of consumers-or-Consumers Teaching, Registrars Learning.
Wanda Bennetts William Moon
Psychiatric registrars, psychiatrists in training, must complete an approved consumer experience of 4 hours per year (RANZCP 2003). In an effort to provide structured and consistent consumer driven and delivered training, Consumer Training Consultant Wanda Bennetts and Consumer Consultant Bill Moon, with help from other members of the local Consumer movement, have over the last 3 years developed a series of educational ‘Experiences’ for registrars, primarily within the North West Mental Health Program in Melbourne. These sessions use a different method and content for each of the 3 year levels doing the training, address a range of current issues identified by consumers, and emphasise direct interaction between trainees and consumers, which has been demonstrated to be a key factor in attitudinal change (Happell B. & Roper C. (2003)) We will outline how this tiered and evaluated training was developed and show you the results of three years of evaluations filled out by the trainee participants. The present training has been a remarkably positive experience for both trainee psychiatrists and the twenty or so consumers who have been involved, and based on anonymous trainee feedback, may have an impact on trainee attitudes and practice completely out of proportion the brief four hour time allotment. Learning Objectives: 1. The audience will be able to identify key educational and philosophical principles involved in constructing uniquely ‘consumer’ consumer driven Consumer Perspective training. 2 The audience will be able to list some of the self identified learning that trainee psychiatrists report having gained from a 3 level co-ordinated ‘Consumer Perspective’ training course. 3 Other consumer educators will be able to use the principles and learning to help construct their own, locally relevant and locally staffed Consumer Participation. Reference: Ranzcp Training And Assessment Regulations November 2003 Approved GC (25/11/06) Version 17. http://www.ranzcp.org/docs/training/train_programs/public
Abstracts for conference presentations on Friday 7th September 2007

Please check Notice Board for any last minute Program Changes
S76  Keynote - Mary O'Hagan - A vision for recovery oriented services and systems in the future for people with mental health problems
7/09/2007  From: 900 To: 1000  Venue: John Batman Theatre
Keynote Speech: Our Services in 2020.
Mary O'Hagan
New Zealand is recognised as a leader in the development of recovery based services. But no country in the world has described a recovery-based service system, let alone implemented one. Using service user expectations, international policy trends and current evidence, this paper discusses the main features of services in 2020 - their purpose, values, their cultures and the people. It then describes the services or programs that will be delivered to populations and to individuals with mental health problems and their families. Finally it outlines the inter-sectoral and systemic frameworks needed for recovery based services. This paper signals that we urgently need to make major shifts in the philosophy of services, who drives them, who provides them, and in what is delivered - if we are to achieve the 2020 vision of full recovery-based services.

S77  Comorbidity
7/09/2007  From: 1030 To: 1230  Venue: John Batman Theatre
Paper 20 Minutes: Depression and Alcohol Use.
Michael Baigent
Depression is abundantly common in our community as is drinking alcohol. Depression together with alcohol dependence occurs more commonly than one would expect. The outcomes of treatment for people dually affected vary enormously between individuals suggesting that there are likely to be subgroups within this relatively large poorly defined group. However, once alcohol dependence is established it will need to be addressed before significant changes in the individual can be expected. This paper will touch on the prevalence of the problem as well as ways to think about it in the clinical setting. Significant gaps in our knowledge will be highlighted. It is an area of obvious importance to beyondblue: the national depression initiative, which is promoting awareness of the problem and encouraging research in the area.

Learning Objectives: 1. To understand the impact and prevalence of co-existing depression and alcohol dependence. 2. To outline innovative strategies to better manage people with co-existing depression and alcohol dependence.

S77  Comorbidity
7/09/2007  From: 1030 To: 1230  Venue: John Batman Theatre
Paper 20 Minutes: Consumers, Clinicians and service Culture; the challenge of dual diagnosis as ‘core business’ in clinical mental health services in Victoria.
Jessica Davis  Nicole Allen
Dual diagnosis (co-occurring mental illness and substance use) related issues continue to be an ongoing challenge for consumers, clinicians and services. With dual diagnosis being the ‘expectation not an exception’ (Minkoff, 2000) among people with serious mental illness. After evaluation of the Victorian Dual Diagnosis Initiative by DHS, it was identified that commitment to leadership in policy and also to service development was required, leading to additional funding for ‘mainstreaming’ dual diagnosis and the release of the ‘Key directions and priorities for service development’ (DHS, 2006). SUMITT (Substance Use & Mental Illness Treatment Team) in turn, has taken a stronger focus on capacity building through service development. This paper aims to discuss the challenges faced by SUMITT to encourage clinicians to embrace dual diagnosis as ‘core business’ and to explore the role culture plays in service development. The impact of organisational change on services that are in various stages of change, with multiple competing demands will be discussed. The challenge of top down imposition of change on services and
clinicians who may be in the contemplative stage and demonstrating resistance; will also be explored. The current climate and attitudes related to dual diagnosis will be reviewed, as well as suggesting potential solutions to said challenges.

Learning Objectives: 1. The audience will learn from this presentation about the challenges of incorporating dual diagnosis as ‘core business’ into clinical mental health services; and the potential strategies to address these challenges. 2. The ‘mainstreaming’ of dual diagnosis is a relevant topic due to the continued prevalence within the consumer population and ongoing clinical challenges the system faces.


S77 Comorbidity
7/09/2007 From: 1030 To: 1230 Venue: John Batman Theatre
Angela Livingstone

Seclusion has long been used as an emergency measure to control violent or agitated persons in both mental health and intellectual disability services. However, variations in practice have been common and largely unstudied, with a lack of consensus on the rationales for and the effects of seclusion. Even ‘seclusion’ itself has been so variously described that comparative studies are difficult. This presentation examines definitions of seclusion, compares different legislative approaches, and attempts to assess the actual effect of this practice in mental health, dual disability and intellectual disability. It looks at the use of seclusion as a measure to maintain the security of the patient and others, but also examines other potential reasons for seclusion and considers other factors in the decision to seclude. The literature on psychological and physical outcomes is summarised, along with the evidence for its specific impact on disabled persons. Learning Objectives: 1The background of the practice of seclusion and its current context will be examined. 2.Understanding of the context of seclusion may contribute to ongoing quality improvement in both the mental health and dual disability fields.

S77 Comorbidity
7/09/2007 From: 1030 To: 1230 Venue: John Batman Theatre
Paper 20 Minutes: Self Help and Dual Diagnosis.
Moira McPheat Monica Walsh

Self help in dual diagnosis where the group is facilitated and administrated without professional facilitation is unexplored in Victoria. For this reason The Association of Participating Service Users has been supporting the setting up and running of the Self Help Group for Dual Diagnosis named ‘Jewel Diagnosis’. My co Presenter and I want to take workshop participants through the process of setting up the group, the running of the group and how this is an effective means for individuads to become potential help givers rather than a dependent on a service system(F.Riessman and D.Carroll.Redfining Self Help:Policy and Practice. Jossey-Bass Inc(1995); and by participating in such a group individuals are able to maintain a powerful lifeline to wellness-recovery.(Newport.J The Wellness Recovery Connection: Charting Your Pathway to Optimal Health While Recovering from Alcoholism and Drug Addiction.Health Communications Inc 2004.) For the pupose of this Workshop, Mary Copeland’s definiton of Recovery as living full and purpose full lives will be used. Learning objectives:1. Self Help: an effective means to maintaining dual diagnosis recovery 2. No Silos: Using the bottom up approach.
KidsMatter is the first national mental health initiative specifically developed for primary schools. Collaboratively developed by the Australian Principals Associations Professional Development Council, the Australian Psychological Society, the Australian Government Department of Health and Ageing, beyondblue: the national depression initiative with support from the Australian Rotary Health Research Fund, the KidsMatter initiative aims to: (a) improve the mental health and well-being of primary school students, (b) reduce mental health problems amongst students, and (c) achieve greater support for students at risk of or experiencing mental health problems. Participating schools pursue these aims by systematically addressing four key components: (1) a positive school community, (2) social and emotional learning for students, (3) parenting education and support, and (4) early intervention for students at risk or experiencing mental health problems. The first stage of KidsMatter began in late 2006 with a national two year trial involving over 100 primary schools representing all Australian States and Territories, and includes schools from all sectors (Government, Catholic and Independent) and from metropolitan, rural and remote communities. Learning Objectives: 1. Participants will gain an overview of the KidsMatter Initiative. 2. Participants will understand the four KidsMatter components and how they are being implemented in schools.

References:
Greenberg, MT et. al. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional and academic learning. American Psychologist, 58, 466-474.

Triage represents for most consumers, the first point of contact with a mental health service; the initial assessment of needs, risks and urgency of the presenting problem and co-ordination of responses. It is a pivotal clinical service, yet mental health triage systems are diverse and varied in delivery across Victoria. This situation has been underlined by the Department of Human Services (DHS), through surveys and consultations held between 2002 -3 culminating in policy guidance [1, 2] clearly articulating the principles and key result areas for triage services in Victoria. Northwest Area Mental Health Services (NWAMHS) had conducted its own research into Triage operation and was well placed to respond. A 2004 review of NWAMHS triage operations identified several barriers to efficient operation: no single point of entry, unclear entry criteria, burdensome paperwork, no standardised assessments and lack of training, supervision and clinical governance. This presentation will outline the review process and the innovative outcome: A new NWAMHS Triage service. Key aspects of the new Triage include a paperless process, use of an electronic CMI Screening tool for risk assessment and a staff-training package that emphasises consumer/customer focus. Learning objectives: 1. Audience members will gain an understanding of how to maximise centralised electronic information systems to improve the operation of mental health triage services. 2. This presentation holds relevance for area mental health services wishing to review the effectiveness of their triage systems and with a particular interest in reducing unwanted paperwork.

References: Department of Human Services, Triage in
Although one in five young people recognise they have a mental health problem, 60% to 80% do not access a mental health service or receive any kind of mental health care. The Internet is increasingly becoming the support of choice for young people, with research demonstrating that they are actively seeking health information and referrals through the Internet. Inspire Foundation launched a new program called Reach Out! Central (ROC) - an online game-based program that promotes positive mental health for young people. ROC enables young people to identify and work through issues such as depression, anger or anxiety themselves. Content for the program is based on an established school based program that draws on cognitive behavioural therapy to improve young people's coping skills. Reach Out! Central can be accessed at www.reachout.com.au. It has also been placed on CD ROM to be used as a health promotion tool in schools. The presentation will outline some of the background to ROC, provide a brief walk-through of the program and present some findings from a preliminary evaluation.

Learning objectives: 1. To introduce conference participants to a tool they can use to support clinicians in their work with young people. 2. With its unique ability to connect people to information and each other, the Internet offers opportunities to engage the 70% of young people currently not seeking professional help.


S79 Treatment Tools
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 6
Magio Konidaris   Heather Clarke   Jill Collins   Vicki Brous
This paper highlights the dilemmas experienced by mental health clinicians in responding to clients who have experienced past sexual assault. The constraints and challenges encountered by mental health clinicians in working with the trauma model within a range of psychiatric settings are discussed, including working within the boundaries of prescriptive clinical roles. It is therefore suggested that more widespread adoption of the trauma model as a dominant treatment paradigm may positively influence both clinical mental health practice and client outcomes. Hypothetical clinical examples are illustrated to capture how working with disclosures of sexual assault can produce positive therapeutic outcomes. Therefore, addressing the effects of trauma experienced as a result of sexual assault is imperative if we are to genuinely strive towards a 'model of excellence' for the future of mental health services. Learning Objectives: 1. To gain an understanding of how sexual abuse disclosures can have a positive therapeutic outcomes for consumers. 2. To enhance knowledge around the prevalence of sexual abuse within the psychiatric context and the implications this has on service delivery. References: Read, J., Os van, J., Morrison, P.A., Ross, A.C., Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications. Acta Psychiatrica Scandinavica. 2005: 112. 330-350; Read, J., Mosher, R.L, Bentall, P.R. (2004) Models of madness. Psychological, social and biological approaches to schizophrenia. Brunner-Routledge: New York.

S79 Treatment Tools
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 6
Paper 20 Minutes: Developing a take-home DVD information resource About Psychoses.
Richard Newton   Carmel Jackson
Experiencing psychosis is frightening, for the client and for the people around them. It is important to instil a sense of hope, and the more information we can provide the more chance there is to reduce feelings of pessimism and loss of confidence. A DVD can be taken home, revisited when needed and be available for family and friends also. Our aims were to offer realistic expectations and hope for the future, to show people that they are not alone and to give some practical guidance on staying well. It was critical that this DVD should include 'real' experience. We wanted the information to be told from the point of view of clients and carers, not to be another instructional voice from the medical team. Some clients and carers currently involved with the Peninsula Health Psychiatric Service (PHPS) consented to tell us their experiences so that the DVD could represent their words. Two carers wanted to appear in the DVD. Despite nerves and the difficult emotions associated with 'reliving' their experience, they were both committed to helping others cope with the situation they had found themselves thrown into. Scenes from the DVD will be shown and the experience of the carers in assisting with the DVD will be presented. Learning objectives: 1. Understanding of the value of and pitfalls involved in developing a DVD resource for clients and carers. 2. Providing enduring information and support for

S79 Treatment Tools
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 6
Paper 20 Minutes: Telephone Helplines and Online Services: Shaping Continuing Improvement in the Future.
Wendy Sturgess
Telephone Helplines and Online Services: Shaping Continuing Improvement in the Future. In the information technology age, telephone and Internet based services have become increasingly identified as means for providing accessible information, counselling and support. However, this is not without its challenges. There is an urgent need to consider how we ensure that such services are reliable and appropriate. We also need to appreciate the opportunities and limits of such technology based approaches. Importantly, how do providers effectively gather and learn from the experience of users in an environment, which is often anonymous and in a time of crisis? CSS, which delivers a range of specialist telephone based helplines, has now completed accreditation under the American Association of Suicidology helpline standards, being the first telephone based service in the South Pacific Region to achieve this level of recognition. However, it is the starting point, and CSS is working now to build on this foundation to continually approve its capacity to meet caller needs. This presentation is intended to present the learnings of Crisis Support Services and to raise issues which the organisation is considering as it plans for the future. The aim is open up discussion to consider key questions and to invite practical ideas for moving forward. Learnings Objectives: 1. CSS will share with participants the process and requirements, which has marked the accreditation process and in particular the implications for the growth in telephone and Internet based services. 2. Relevance. Given the phenomenal growth in both online and telephone based services, it is critical that we get it right, and certainly the phrase ‘do no harm’ is a vital consideration. Drawing from the collective experience of the audience, the aim will be to take advice on strategies for more effectively safeguarding the ability of consumers to advise service design, delivery and evaluation across different technologies.

S79 Treatment Tools
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 6
Tricia Nagel Carolyn Thompson
The Australian Integrated Mental Health Initiative in the Northern Territory has been developing a range of cross cultural mental health promotion resources for indigenous mental health. The project has collaborated with Aboriginal mental health workers (AMHWs) in the NT in the development of tools for assessment and treatment. Telling stories and motivational interviewing have been combined in a brief intervention for indigenous people, which aims to increase partnerships between AMHWs and other service providers and to improve outcomes. The brief intervention has been the key component of a randomised controlled trial in two Top End remote communities. Preliminary analysis shows that despite high co morbidity and high rates of distress the intervention was acceptable to clients and was linked with improved outcomes. This presentation will review the early findings of this trial and discuss the importance of carer and family engagement in assessment and treatment. Nagel T, Auseinet - Recovery on-line toolkit. http://www.auseinet.com/files/recovery/ 3aimhi__careplans.pdf. 2006, Auseinet. Kirmayer L, S.C., Cargo M., Healing traditions: culture, community and mental health
(supplement).1. Increase understanding of indigenous mental health - strengths and
stressors. 2. Increase knowledge of mental health promotion strategies to address
 cultural difference for indigenous people.

S80 Intervening Before Self-Harm
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 5
Paper 20 Minutes: Perspectives on Self-Harm.
Zoe Farris
The presenter will be sharing personal perspectives, observations and anecdotal
evidence on aspects of self-harm, aiming to inform and dispel some of the stigma
and misconceptions which still prevail. One of the prevailing misconceptions is that
of self-harm as a suicide attempt. The bundling of subjects, e.g. AQTF accredited
unit of competency “Assess and Respond to Individuals at Risk of Self-Harm or
suicide” (CHCCS501A) can reinforce stigma and misconceptions. Although self-
injurious acts may look like a suicide attempt, there is a difference - suicide is done to
die; self-injury is done to cope with life, to live Another common attitude is to treat
individuals who have self-harmed as motivated by attention seeking, however most
self-injurers keep their scars carefully hidden and avoid telling others about their self-
injury. This is when self-harm is about expressing pain which an individual cannot
find any other way to express. In a hospital setting, some individuals self-harm to
obtain attention from staff as this is sometimes the only way to get attention from
busy staff. Prolonged hospitalisation may result in it becoming a learned behaviour,
despite stating such behaviour is not tolerated, it is perpetuated. As hospitalisation
rarely occurs from self-harm alone, the understanding of it when it is not-attention
seeking is lost in the noise of the attention seeker.

S80 Intervening Before Self-Harm
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 5
Paper 20 Minutes: A family intervention program for young people with
suicidal behaviour.
Jane Pineda
This paper will highlight the preliminary findings of a randomized controlled trial of a
family intervention program for a clinical population of suicidal adolescents in
Australia. This pioneering research consists of a psycho-education programme,
Resourceful Adolescent Program for Parents (RAP-P), designed by Shochet et. al.
(1997) to support and assist parents in maximizing family harmony and resilience.
RAP-P acknowledges the value of 'upskilling' carers and building on their strengths,
thereby making them more effective partners in managing young people at risk.
Increasing carers' awareness and understanding of suicidal behaviour including
helpful ways of responding, may have a positive impact on the recovery and
reduction of future self-harm behaviour for young people. This type of intervention
focuses not only on the resolution of immediate crises, but also on the youth's and
family's ability to cope with ongoing difficulties that may lead to other mental health
problems if these are unresolved. This research seeks to promote evidence-based
practice in the treatment of self-harm or suicidal behaviour. While suicide takes one
life, it affects the whole community. Thus, effective intervention and prevention
initiatives should recognize the value of strengthening families within communities.
Learning Objectives: 1. Participants will gain some knowledge of an innovative family
intervention applied to a clinical population and a greater appreciation for the
benefits of utilizing a systemic approach in reducing the incidence of youth suicidal
behaviour which is a significant global health burden. 2. This paper will provide an
opportunity for advancing knowledge in suicide prevention activities and enhancing
treatment and access for a high risk group of mental health clients who are also high
users of services. The introduction of a more effective suicide prevention strategy

S80 Intervening Before Self-Harm
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 5

Paper 20 Minutes: The Stories of Falling Leaves: A Review of Community Mental Health Follow-up for Persons with Suicidal Presentation.

Joe Chuong Rosellin Noblejas

During the 2 years period (2005-2006), nearly 600 referrals of persons with suicidal presentation were made to Fairfield Community Mental Health, Sydney South West Area Health Service. This paper is based on a quality improvement project aimed to improve the front-line practice standards on suicide management. A review of these referrals, looking at clients’ demographic data and presentation as well as clinical follow-up activities and immediate outcomes, has shown (a) relative success rate of reducing suicide risk and mortality among referred persons; (b) detection and community-based treatment of mental illness / disorder amongst referred persons. National Suicide Prevention Strategy and NSW Framework in managing and preventing suicide were used as a framework to analyse these referrals. Data collected and analysed include: Demographic data (age, gender, ethnicity, country of birth, suburb, postcode) in comparison with ABS 2001 Census for the catchment area and available statistics on suicide; Presenting Problems (multi-factors involved in suicidal presentation); Referral Source; Suicidality & triage category; Responses times; Duration of follow-up activities; Follow-up activities (mode of contact, frequency); Immediate outcomes of referrals and follow-up. From the review and analysis, some patterns and trends could be demonstrated and used for service development planning. Qualitative analysis of selected cases were also completed to identify successful strategies in helping individuals to strengthen their resilience in facing life adversities in their life. Learning Objectives: Audience will find information on 2 years of community mental health assessment and management of persons with suicidal presentation (intent or attempt/s) to save life and reduce risk of further attempts by Fairfield CMH; Suicide and suicide prevention is a major concern not only for mental health services for all human services and the whole society as well. References: 1. Suicide Prevention Australia (2006) The Sydney Statement of the National Forum on Men & Suicide (Sydney, 2-3 May 2006) (Suicide Prevention Australia - May 06). 2. NSW Health (2004) NSW Framework for Suicide Risk Assessment & Management.

S80 Intervening Before Self-Harm
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 5


Graham Roper

The establishment of Lifetxt Trust is to ensure that interactive txt messaging forms part of a national initiative to provide services that can be utilised in the prevention of suicide and early intervention of a crisis. It can also be used as management tool for a person who feels that they may have a crisis. The victims of Txt bullying would also have a tool to access, in the same format, that would assist them in managing the effects of txt bullying. This service was developed to ensure that any person, young or old, with or without a hearing or speech disability, would be able to access, in private, Free of charge, using their mobile cell phone. The earliest possible intervention/help, When-ever or where-ever they may be, A confidential, highly skilled,
interactive counselling service. Learning Objectives: Develop an understanding, from attendees, of the role, impact and use of txt messaging, by all sectors of the population in suicide prevention. Identify the possible advantages in utilising txt messaging in suicide prevention. Identify target groups that would benefit from this strategy, for example, the hearing impaired, young people. Txt communication:

- Can occur in complete privacy;
- Is genderless, ageless (‘reducing some of the barriers to contact’);
- Is in the hands of the user;
- Is cheap, if not free to the user;
- Is well understood by a large section of the community;
- Is extremely powerful in its ability to convey a message, positive or negative;
- Is rapid;
- Is interactive;
- Is not currently available in a nation wide, fully supported service— it is used it in an ‘ad-hock’ way be a number of telephone counselling services. The use can therefore not be evaluated or measured or actively promoted; It provides a means for the hearing or speech impaired person to readily access non face-to-face interactive crisis intervention service(s) at the time of crisis.

Note email mail access is available but is not really available or delivered at time of crisis. Identified as a useful tool by the NZ foundation for the Deaf. Mobile phone txt communication is a major tool of New Zealanders, particularly young people. 33,000 students took the opportunity to stand up and be counted in this year’s online survey, an increase of more than 15,000 from ‘CensusAtSchool 2003’. Over 2,000 teachers registered their classes nationwide. Technology, in the last two years cell phone ownership has increased dramatically more than doubling for 9-10 year-olds. By age 14, a massive 84% of the children surveyed have their own cell phones.

S81 1. Symposium Voices of Reason 2. Symposium AIMHI recovery
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 4
Symposium 1 Hr: Voices of Reason
Kristy Dodwell Joanne Sais Bruce Falconer

Voices of Reason is a 10-week group psychotherapeutic program employing Cognitive Behavioural Therapy (CBT) techniques to assist individuals to develop a better understanding of their illness and increase their coping strategies for managing symptoms related to Psychosis. Developing the audience’s understanding of the application of CBT for psychosis represents the first learning objective of this presentation. The CBT approach has been found to be effective in: (1) reducing the frequency of relapse and hospitalisation, (2) increasing medication compliance (Bechdolf et al., 2004; Morrison et al., 2004), and (3) improving the experience of positive and negative symptoms (Sensky et al., 2000), and increased self-esteem (Wykes et al., 2005). The second objective relates to the development of a manual for a group program in an area in which there is little published information. Key areas developed in the current program include Factors Impacting on Mental Illness, Coping with Positive Symptoms, Family Response to Illness, and Relapse Management. Additional support material has been developed for facilitators. Written information is provided in a handout format for participants to consolidate information, and to prompt homework tasks. The manual also encourages group facilitators to provide participants with a written summary of each session, which includes an outline of key themes and discussion topics, and quotes from participants during the group. References: Bechdolf, A., Knost, B., Kuntermann, C., Schiller, S., Klosterkötter, J., Hambrecht, M., & Puikrop, R. (2004). A randomized comparison of group cognitive-behavioural therapy and group psychoeducation in patients with schizophrenia. Acta Psychiatrica Scandinavica, 110(1), 21-28. Morrison, A. P., French, P., Lewis, S.W., Kilcommons, A., Green, J., & Parker, S. (2004) Cognitive therapy for the prevention of psychosis in people at ultra-high risk: randomised controlled trial. British Journal of Psychiatry, 185, 291 -297. Sensky, T., Turkington, D., Kingdon, D., Scott, J.L., Scott, J., Siddle, R., O’Carroll, M. and Barnes, T.R.E. (2000). A randomised controlled trial of cognitive-behavioural therapy for persistent symptoms in schizophrenia resistant to medication. Archives of General Psychiatry,
TheMHS Conference – Book of Abstracts, Melbourne 2007


S81 1. Symposium Voices of Reason 2. Symposium AIMHI recovery

7/09/2007 From: 1030 To: 1230 Venue: Bellarine 4

Symposium 1 Hr: Update on the Collaborative Recovery component of the Australian Integrated Mental Health Initiative (AIMHi).

Frank Deane  Trevor Crowe  Lindsay Oades  Robert King

The Collaborative Recovery project aims to improve outcomes for consumers by supporting ongoing consumer self-management of their mental health issues using systematized interventions. The CR intervention is guided by principles of collaborative relationships, autonomy support and viewing recovery as an individual process. Skills training components include: (c) motivation enhancement and readiness to change, (d) identifying consumer needs, (e) collaborative goal setting including goals to prevent illness and promote health, and (f) collaborative task-setting, monitoring and homework. This paper outlines the Collaborative Recovery Model, initial clinician/support worker training outcomes, a summary of the rates of transfer of the training protocols into clinical practice, a description of the barriers to training transfer, and recommendations to improve training transfer.

Learning Objectives: 1. Learn the immediate training impact and progress of multisite Collaborative Recovery case management training programme. 2. Issues related to the transfer of recovery based training into routine service provision in clinical and disability support settings. Case management goals and personal strivings in recovery from chronic and recurrent mental health conditions. Clarke, S. P., Oades, L.G & Crowe, T.P. Presenter: Samantha Clarke.

Effective case-management relies on goal setting for the promotion of recovery from chronic and recurrent mental health conditions. There is little research describing the types of goals pursued within case-management. When the focus of case-management reflects clients' personal strivings quality of life is enhanced (Skantze, 1998). 300 case-management goals were drawn from 112 consumers with chronic and recurrent mental health conditions and were coded and contrasted with responses on SISR a stage recovery measure and the Recovery Assessment Scale. Consumer strivings were contrasted with their case-management goals and also with strivings identified by university students and members of the general public. Results demonstrated that physical health goals were found to be the most frequent goals pursued within case-management. There was no difference between the type of strivings selected by consumers and the general population. There also seems to be a significantly greater focus on relationship goals during the mid stages of recovery. However, results typically supported an individualised process of recovery (Anthony, 1993) Learning objectives: 1. Understand types of goals and the relationship between types of goals and stage of recovery. 2. Learn the association between consumer strivings and case-management goals.


Homework has been recommended as a component of case managers' work with individuals diagnosed with chronic and recurring mental illness. Self reports from mental health case managers indicate that homework is regularly used to support clinical practice (Kelly et al., 2006). The study aimed to examine the relationship between homework adherence and client outcome. Mental health case managers were trained in a systematic approach to homework administration. Outcomes for 242 individuals diagnosed with severe mental illness were examined in relation to involvement in homework activities. Homework was systematically administered with 129 clients during the 12-month study (53%). The total number of homework assignments for each individual predicted improvements on the HoNOS. The quality of homework
completion also predicted improvements on both the HoNOS and K10. Homework use did not predict improvements on the recovery orientated measures. Learning objectives: 1. Understand relationship between systematic homework administration and consumer outcomes. 2. Learn ways to improve the systematic, collaborative implementation of therapeutic homework activities.

A Consumer Evaluation of an Intervention Model for Case Management-Improving Mental Health Services. Marshall, S., Crowe, T.P., & Oades, L.G. Presenter: Lindsay Oades. The process and product of involving people with severe mental illness in the evaluation of the Collaborative Recovery Model in terms of the interventions and supports they received is reported. This involved examining differences between consumers experiences of receiving usual services compared to services provided by case workers who had been trained in the CRM. A questionnaire asked people to: 1. rate the ‘frequency’ with which they were receiving/delivering each of the components and guiding principles of the CRM, 2. rate the ‘importance’ they placed on each of the components and guiding principles of the CRM in relation to assisting individuals’ recovery processes, and 3. provide a rating of clinicians’ ‘overall helpfulness’ in relation to assisting individuals recovery processes over previous 3 monthly period.

Consumers rated overall helpfulness significantly higher than case workers. The frequency of consumers reported experiencing collaboration, being encouraged to take more responsibility, being encouraged to set goals and homework tasks was significantly greater for those receiving services from CRM trained case workers.

Learning Objectives: 1. Understand issues that arise when consumers and clinicians work collaboratively to evaluate and improve an intervention model used in their treatment. 2. Understand consumer perspective in receiving services/support from case workers trained in the CRM.

S82 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 3
Snapshots - Brief Papers 10 minutes: State of play in NSW in relation to the care of older people from CALD background with mental health issues.
Mariëtte Janine van der Meer
The paper is regarding challenges faced by mental health and aged care services in providing care for older people from culturally and linguistically diverse (CALD) backgrounds. Anecdotal evidence indicates that older people from CALDB arrive at a service at crisis point requiring prolonged care. Consultations were conducted with 138 agencies, i.e. Mental health services; Aged care services, including Aged Care Assessment Teams (ACAT’s); and Ethno-specific / multicultural agencies providing aged care to obtain a baseline of the ‘state of play’ in the provision of mental health services to older people from CALD backgrounds in NSW. The survey aimed to elicit: type of mental health issues older people from CALDB present; whether interpreters are used; whether specific assessment tools are used; what are the gaps for agencies in providing care for older people from CALDB with mental health issues; what are the referral pathways; what is required to enable improved care for older people from CALDB with mental health issues and their carers.

Themes derived from the consultations are: diagnosis, tools, training and workforce development. This information is also presented in the light of findings from the Clinical Services evaluation at TMHC. References: Caring for Older Refugees in NSW: A Discussion Paper, November 2006, NSW Refugee Health Service., NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 - 2015, 2006, NSW Health. Learning objectives: Identify the ‘State of Play’ in providing care for older people from CALD backgrounds with mental health issues. Identify and address gaps to improve mental services and highlight mental health issues for this age group from CALD backgrounds.
In 2005 in South Australia, the Australian Nurses Federation worked toward ameliorating the shortage of mental health nurses. To help resolve some of the health care delivery problems in the mental health system it was proposed that Nurse Practitioner candidate (NPC) positions were to be instigated. Funding was then made available to appoint ten nurses into these positions with a focus on Chronic Disease Self Management. I became one of these nurses. In this paper I will discuss from both a personal and professional perspective, my experience of being a Nurse Practitioner Candidate. (NPC) Initially, when I was appointed as a NPC there was much excitement and congratulations from peers and family, even flowers and bubbly. But then there came the question But now what? Where to from here? Hence began my journey as a NPC. This paper will explore a range of issues that have arisen in the development of new forms of service provision including maintaining a health promotion and recovery focus. The paper will also refer to the recommendations from the Social Inclusion Board Report and the impact these have had on my journey as a NPC.

Learning Objectives: 1. An understanding of the process of implementing the Nurse Practitioner Role in community adult mental health service. 2. An understanding of the experience of developing the role, the difficulties and obstacles and highlights. This topic is about paving the way for new and innovative ways of working with consumers, carers and the health system. It is relevant to the reform process and the access to services for people with chronic disease and complex problems. It describes how the role of Nurse Practitioner will be an adjunct in service provision for both carers and consumers.

References:
2. Canadian Nurses Association: Fact Sheet - Cost Effectiveness of the Nurse Practitioner Role. www.cna-nurses.ca

This study builds on previous research that indicates the benefits of psychosocial interventions for bipolar disorder (Miklowitz, 2006). Access to face-to-face specialised interventions is limited by financial, resource and geographic constraints, such that most people do not have access to such treatments. The Internet has become a vehicle in which psychosocial interventions across a range of clinical disorders are being delivered (National Institute of Clinical Studies, 2003). Although, the specific online components for a successful web based intervention has not yet been determined. Based on a successful face-to-face group program, MoodSwings explores the effectiveness of an online intervention for bipolar disorder. This presentation demonstrates elements of the MoodSwings website and shows how psychosocial interventions can be translated to the web. It is currently being evaluated using a randomised controlled design comparing the two arms of the MoodSwings site that include information and discussion groups, plus different levels of interactive online tools. To our knowledge this is the first online bipolar intervention that is based on an existing validated face-to-face program. MoodSwings is funded by beyondblue: the national depressive initiative.

Learning Objectives: 1. Audience members will gain first hand experience in seeing an online intervention for bipolar disorder. 2. Online interventions are relevant to mental health services as they provide...
access to specialised programs that is otherwise limited, and fit well as part of a team approach.

**S82 Snapshots**
*7/09/2007 From: 1030 To: 1230 Venue: Bellarine 3*

**Snapshots - Brief Papers 10 minutes: A Conspiracy of Hope:** Maintaining a spirituality-focused recovery group on an acute in-patient psychiatric unit. And why bother.
*Chris Rogers  Helen Kift*

Spirituality can be defined as a sense of connectedness to self, others, nature, God or Other and encompasses such themes as love, meaning, purpose and hope. Spirituality and the concept of recovery from a mental illness share many similarities, yet spirituality is largely ignored by acute in-patient psychiatry. Due to ever decreasing contact time, it is a constant challenge for mental health staff to satisfy the patient’s basic medical and psychosocial needs without having the additional burden of tending to the patient’s spiritual needs. Nevertheless, spirituality remains a priority for many consumers and providers alike. In this paper we intend to discuss how we have introduced and maintained a spirituality focused recovery group on an acute in-patient psychiatric ward for the past two years. We will outline the various procedures required to initiate the group and then move on to the challenging and rewarding process of keeping the group not only fully functional, but also relevant to the consumers’ needs. In conclusion, it is the authors’ belief that spirituality is a powerful ally in the recovery of mental health and that a spirituality focused group, undertaken in an acute setting, is the ideal place to begin.

**Learning objectives:**
1. The audience will acquire the relevant knowledge on how to set up and maintain a spirituality focused group in an acute in-patient setting. They will also learn:
   - What they will need to do before they initiate the group. Examples of this include: establishing the facilitators; the roles of the facilitators; finding a fixed time and space for the group; working out aims and a definition of spirituality; researching topics for discussion; structuring the work of the group; exclusion criteria for membership and risk management.
   - What they will need to do to maintain the running of the group over the course of its life. This will cover the two overlapping areas of inter- and intra-group management. Examples of this include: supervision, involving other staff, inter-disciplinary communication, facilitator self-motivation, group process and boundary issues, group work, risk follow-up, a theoretical foundation for the group, personal spiritual maintenance, and group evaluation.
2. The audience will learn why such a group may contribute to the recovery of consumers in their Service. Here people will learn the significance of spirituality as extrapolated from the professional literature as a function of the recovery process. Also, people will learn about the experiences of consumers from within the group itself as relayed by the presenters.

**References:**

**S82 Snapshots**
*7/09/2007 From: 1030 To: 1230 Venue: Bellarine 3*

**Snapshots - Brief Papers 10 minutes: Spiritual Empowerment.**
*Lisa Brabo  Debi Yohn*

Spirituality has a relevance to mental health and mental healthcare. Spirituality acknowledges meaning and purpose to life, together with a sense of belonging to the whole. Different from religion, spirituality applies to everyone, crossing all creeds and cultures. Harmony with the Universe, connectiveness to the whole, is a helpful tool in times of emotional stress, physical and mental illness, loss, and change. As mental healthcare moves towards the year 2020, care providers will recognize the need for...
holistic healing. Spirituality is supported by research in providing good healthcare with positive outcomes.

Learning Objectives:
1. Spirituality is inseparable from the physical, social and psychological care. They form the whole.
2. Spirituality and Religion are valuable resources in modern healthcare.

References:

S82 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 3

Snapshots - Brief Papers 10 minutes: Two Bucks for the Bus: Support Enabling Active Recovery.

Emma Martin  Deanna Erskine

Support Enabling Active Recovery (SEAR), a new system of mental health service provision designed to facilitate improved health and quality of life outcomes for people disengaged from service systems. Aims: To present SEAR, a model of service provision pioneered by the Homeless Health Outreach Team, based in Brisbane, Queensland. SEAR combines assertive outreach, interagency collaboration and a multidisciplinary team approach to provide a practice framework that is innovative, holistic and meets the primary, mental health and dual diagnosis needs of the homeless population. SEAR draws from several current frameworks of service provision: the model of Assertive Community Treatment; the Recovery Approach; and Therapeutic Alliance. These frameworks have been explored in a literature review and along with the model, will be discussed utilising a case study. The presentation demonstrates that assertive outreach, interagency collaboration and a multidisciplinary team approach are successfully implemented within SEAR providing a practice framework that effectively addresses the dynamic and changing needs of individual clients. Conclusion: SEAR is a creative and innovative model of service provision that has the flexibility to shift and change with individual clients providing a solid, consistent foundation for intervention and recovery.

Learning Objectives:
1. To explore unconventional applications of common practice frameworks (therapeutic alliance, assertive community treatment and the recovery approach) within a new model of service delivery, SEAR.
2. To develop an understanding of the SEAR model and its efficacy and effectiveness with marginalised and disengaged populations, such as the homeless mentally ill.

References:

S82 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 3

Snapshots - Brief Papers 10 minutes: Korowai Whaimana - The Empowering Cloak: Addressing Human Rights Issues for People With Experience of Mental Illness.

Gareth Edwards

Korowai Whaimana - 'The Empowering Cloak' is a human rights education and empowerment programme for addressing human rights issues for people with experience of mental illness. It is based on a partnership between the Human Rights Commission and the Like Minds Like Mine Project (Ministry of Health) to counter the stigma and discrimination associated with mental illness. Since 2004, Korowai Whaimana has trained over 20 people with experience of mental illness to deliver workshops to their mental health communities across New Zealand, and nearly 700 people have attended over 70 workshops. Workshops cover what human rights are,
how to identify and address unlawful discrimination, and how to make a complaint to the Human Rights Commission. Korowai Whaimana has recently been evaluated, focusing on its impact on human rights awareness and action, the progress of a national programme 'by and for' for people with experience of mental illness, and assessing the future direction of addressing human rights issues for people with experience of mental illness. The aim of this presentation is to give an overview of the development, implementation and evaluation of this human rights education and empowerment programme for people with experience of mental illness.

Learning Objectives: 1. Participants will learn about the application of human rights frameworks to the experience of mental illness. There will also be key learnings about developing, implementing and evaluating national educational programmes that are 'by and for' people with experience of mental illness. 2. The reclaiming of human rights for people with experience of mental illness is internationally viewed as the next large scale civil rights movement, and it is widely acknowledge that as section of society, people with experience of mental illness are one of the last socially excluded and marginalised groups to be reclaiming civil rights. The protection of human rights underpins many aspects of a person’s experience of mental illness, from the treatment they seek and/or receive to their recovery journey in attaining financial security (benefits / employment), good housing, and access to social resources. Making an explicit link between human rights issues and mental health has the potential to strengthen and safeguard good mental health practice and effective recovery.

References: Shae Ronald; Manager External Relations; Human Rights Commission; Auckland; New Zealand.

S83 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Snapshots - Brief Papers 10 minutes: Putting the Recovery in the Prevention & Recovery Care Program- Linwood.
Petrina O'Connor  Joanne Petrenko

Linwood is a Prevention & Recovery Care program (PARC) that opened in 2004 through a partnership between ARAFEMI Victoria and Eastern Health. PARC programs seek to provide early intervention when clients are showing the early warning signs of becoming unwell, or to provide additional support after being discharged from an acute inpatient facility. PARC services are based in the community and PDRSS and clinical staff support clients. This paper shall discuss the challenges and the strengths of working in a recovery based framework in the PARC environment. It will cover what recovery based approaches have been successful in assisting clients and carers in their healing and journey of recovery at Linwood.

Learning objectives: 1. People will learn what PARCs are, the challenges and strengths of working in a recovery based framework, and what recovery-based approaches have been successful at Linwood. 2. PARCs are a relatively new addition to the mental health services in Victoria and have been well received by clients and carers. The services are indicative of the Mental Health Branch's emphasis on partnership between the PDRSS and clinical services. Historically the PDRSS and clinical sectors have held different philosophical positions on the nature of treatment and recovery for people with mental health issues. However, more recently, recovery based practice is gaining interest in clinical services. This paper will discuss how recovery based practice is implemented in this context, and specifically what has been successful in the Linwood context.

Snapshots  - Brief Papers 10 minutes: Effecting Recovery Principles in South Eastern Sydney Illawarra Area Health Service.
Mary Hopkins   Lynda Hennessey
The talk will follow the process to date of some of the challenges we've faced in rolling out recovery concepts for a mental health service. A working party was formed, as a result of the Rehabilitation strategic plan, keen to tackle a number of different areas, and effect change throughout the system. People from the service, consumers, management, NGOs and educational facilities were invited to join the recovery working party. Sub committees were formed for communication, workforce development and strategic leadership, a fundamental premise for these groups was that consumer, family and carer issues were addressed in each group. The sub groups endeavoured to chunk do-able tasks together, interface with existing development groups whilst working on beliefs and values. We needed to be mindful of our need to uphold recovery principles to our journey with this process. And acknowledge the value and support of the working party especially with such a big task we also wanted to extend support to recognised champions within the service.
Laurie Curtis (1998), It is not about symptom elimination, but about what an individual wants, how s/he can get there, and how others can help/support them to get there. Recovery involves people having a personal vision of the life they want to live, seeing and changing patterns, discovering symptoms can be managed and doing it, finding new ways and reasons, doing more of what works and less of what doesn't. 
Dr Kalyanasundaram: The uniquely personal and ongoing act of reclaiming and regaining the capacity to take executive control of life that is meaningful, satisfying and purposeful, believing in oneself as a citizen, after one or more encounters with a mental illness despite the limitations and challenges imposed by the illness, its treatment and the personal responses to it. Learning objectives: People in the audience will be able to follow a process embarked upon in South Eastern Sydney Illawarra Area Health Service to develop Recovery Orientated Services. We will outline the breadth of projects, aimed at different stakeholders, our challenges and strategies to support us and the work. The audience will see the project aims to foster working links between local CCC (Community/Consumer Consultative Committees) and Network Directors and their team leaders to build a platform for local involvement. Our aim is: To all point to the same moon, and stand together as citizens in our community.

A Skills-Based Recovery Group Work Model.
Karen Helbig
This presentation outlines a group-work model based on evidence-based practice. The model was first developed in response to the needs of consumers in a UK high secure forensic hospital. Published in an occupational therapy mental health magazine it paved the way for a new way of working in the hospital. The model has since been adapted to reflect recovery-orientated principals and community psychosocial rehabilitation services. The model outlines 4 hierarchical levels of group-work, of graded intensities, to match the psychosocial needs of consumers. The aim is to provide an evidence-based, needs-led, structured approach in assisting consumers move along their recovery pathway through a graded program of group-work from highly supported low-key activities through to focused therapeutic group work. The focus is on integrating people who are isolated and dis-engaged from meaningful activity into a graded group programme in order to achieve their goals. Each of the 4 levels of the model have been developed based on principles of the
Model of Human Occupation (Kielhofner 2002), and focuses on different types of life skills and abilities. Easily adaptable for a variety of settings, the model provides the foundation for establishing group-work practices based on excellence in mental health care. Learning Objectives: 1. Participants will learn about an evidence-based model which is used to structure psychosocial group-work programs. 2. Participants will be able to adapt the model for use in a variety of settings.

S83 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Snapshots - Brief Papers 10 minutes: Mental Health Assistance Dogs (MHAD)
A Personal Aid / A Personal Medicine.
Che Forest Lucy Henry
The MHAD program is based on the principles of Animal Assisted Therapy (AAT). AAT is a goal directed intervention in which an animal is incorporated as an integral part of the therapeutic process to affect a patient's educational, physical, psychological and/or social health. Mental Health Assistance Dogs are a special type of AAT as the constant personal interaction provides continual therapeutic benefits as well as being available to assist in times of greater needs.

S83 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Snapshots - Brief Papers 10 minutes: Developing a Peer Led Program in a Psychosocial Rehabilitation Service.
Melissa Edwards Catherine Thorpe
The National Mental Health Strategy (2003-2008) and the National Consumer and Carer Forum Consumer and Carer Participation Policy (2004) state that consumer and carer input is essential if improvements in service delivery are to be achieved. Further, Yuen and Fossey (2003) state that consumers have unique perspectives to draw on when assisting others in similar circumstances and can provide empathy and first hand understanding that clinical staff cannot provide. This presentation will explore how consumer participation can be developed into a service through the role of a paid peer worker. The process of developing and implementing a Peer Led project in a psychosocial rehabilitation program will be discussed. The advantages and challenges of having a peer worker involved in implementing and facilitating a group program will be outlined in regards to how peers can shape the focus of mental health services in the future. There will be reflection on how the thinking and learning of both clinical staff and the peer worker has been shaped through collaboration. This is an on-going project that aims to further develop the inclusion of consumer peer workers and consumer-led programs in psychosocial. The audience will learn about the process involved in incorporating peer workers into a traditional mental health rehabilitation service. 2. This topic is relevant to mental health services as it will discuss ideas on how to develop and implement a consumer-led program into a psychosocial rehabilitation service, and the impact of this on future services.
Snapshots - Brief Papers 10 minutes: Art Escape: Providing a haven for self-expression, empowerment and creativity for people with severe mental health issues.

Theresa Van Lith  Chris Lawrence

This paper will explore the benefits of providing an art retreat for people with severe mental health issues who identify art as an important tool in their recovery and rehabilitation. Art therapists have been facilitating the art retreat since it was established two and a half years ago. It originally developed as a recognised need from the consumers at Richmond Fellowship of Victoria in order provide an opportunity where they could explore and express themselves through art in a safe and relaxing environment. Additionally, by providing this positive and innovative experience for consumers it has assisted with their recovery and rehabilitation. This has been through; allowing the space and time to freely create art, share and meet others from similar backgrounds and interests as well as utilising art making as a tool for expression and communication of the inner self. These benefits will be further explored through sharing some of the artwork created during these art retreats, as well as examples of how the art retreat assisted consumers through managing their mental health issues once they had returned back to their daily lives. The two learning objectives are: To demonstrate and educate how providing positive experiences to people with severe mental health issues using art promotes empowerment and recovery. To demonstrate how a recognised need was identified and then a concept was created by consumers of RFV, which has become a successful yearly event.


Snapshots - Brief Papers 10 minutes: The effects of problem gambling and mental health amongst people from Culturally and Linguistically Diverse Backgrounds.

Munctchu Echo Morgan

This abstract draws primarily on cultural issues, casework (e.g. how to engage the client to get help) and the stigma of mental health and problem gambling amongst culturally linguistically diverse communities living in NSW, Australia. Raising awareness and educating community members about Mental Illness is already difficult but to include Problem Gambling and cultural issues, and many could say this it is easier to place this in the 'too hard basket'. MPGS has been dealing with all these difficulties for over 5 years. We have learned how to promote the topic of problem gambling in a culturally appropriate manner, and provide a service that is sensitive to the community which will encourage potential clients to self refer or seek support. Since 2001, MPGS has seen many problem gambling clients who suffer from mental illness (depression and/or anxiety) because of migration, loneliness or escaping from stress related matters. Majority of MPGS clients play on the poker machines at the Casino or to their local club. Due to problem gambling, many of ours clients have lost everything that they have worked hard for such as family relationships, marriage, children, business, assets, their home and most of all their self esteem.
This qualitative study explored the experiences and needs of carers in an adult mental health service between 2004 and 2006. Through a focus group methodology, the practitioner based research team engaged in conversations with carers about their experiences of mental health systems and the caregiver role. The study revealed the needs that carers have for information at crucial times about the person’s illness, the symptomatology, the processes of assessment, diagnosis and treatment. They expressed the need for engagement in these system processes, and discussed the barriers they faced in providing support to their family member. These included issues related to release of information about their relative’s condition, the need to be consulted about admission and discharge, individual treatment plans, changes in medication, involuntary treatment orders, and accessing services where there is a mental health emergency. Of primary importance was the expression that carer needs should be seen as distinct from the needs of those being cared for within mental health systems, and that service delivery needed to be responsive to these needs. The study demonstrated the need for mental health services to include carer engagement at different service points systematically in the clinical pathways of care.

Learning objectives:
1. Carer needs as being distinct from the needs of those being cared for within mental health systems and
2. Mental health service delivery needed to be responsive to these needs and required systemic change to be inclusive of carers and families who provide a support system to their family member.

References:

Rachael Starbuck   Vivienne Duong   Kate Ebsworth

Early intervention is an essential component of treatment for people experiencing early psychosis (McGorry & Edwards, 2002). Recovery through Adventure and Education (RAVE) is a closed therapeutic group that targets people who have experienced early psychosis. The RAVE Group is a collaboration between clinicians from both Hawthorn Community Mental Health Centre and Mosaic Psychiatric Disability Support Service (PDRSS). The benefits and challenges of this collaborative project will be discussed. Participants will gain an understanding of the key principles and content of the RAVE group program for consumers who are experiencing early psychosis. In addition to this they will understand the process of the development and running of this program which is run in a collaborative approach between Hawthorn Community Mental Health Centre and Mosaic PDRSS. This is relevant to other mental health services in highlighting a practical approach to enhancing consumer outcomes through strengthening the alliance between clinical services and PDRS sectors. An understanding of the benefits and challenges of this partnership will be helpful for those wishing to explore similar opportunities for collaborative practice.
S83 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Snapshots - Brief Papers 10 minutes: Snakes 'n Ladders - negotiating an effective future for mental health services.
Lila Baker
Snakes 'n Ladders is an interactive visual game which is constructed as a fun experiential learning activity using positive and negative aspects of the theme chosen. This process has been trialled a number of times in education forums and serves to re-inforce learning objectives by actually doing and visualising. For the theme of Excellence in Care, in learning objective 1 participants will gain heightened awareness and commitment of a consumer perspective to the positive directions portrayed through successes on the ‘ladders’, and the risks of the negative aspects remaining if little action is taken on strategic goals (‘snakes’). For learning objectives: 2 this issue is relevant to mental health services and mental health issues through a critical focus on the importance for a recovery emphasis of positive strategic directions to achieve excellence in care. The positive strategic goals this activity will be promoting are: Clinical services are responsive, when and where needed; Zero tolerance of discrimination and stigma in MH services; Peer crisis services as an alternative to hospitalisation; Consumers being represented in all levels of MHS workforce; Families being active in all levels of MH services; Friends and associates supporting consumers in their own communities.

S83 Snapshots
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 2
Snapshots - Brief Papers 10 minutes: Helper to Helpless ... a Personal Experience of Stigma & Discrimination.
Fiona Denham
This challenging paper will explore and recognise, from a New Zealand perspective, something of the stigma and discrimination that exists within mental health services, the Christian Church, and family / friends – places people with mental illness should least expect to find it! Stigma and discrimination intensifies the suffering for people experiencing mental illness. It is isolating, a barrier to people seeking early intervention, undermines effective treatment, and impedes recovery. This honest paper will provide a deeper awareness and understanding so that such stigma and discrimination can be confronted and reduced. The presenter, Fiona Denham, has battled with chronic and debilitating mental illness for the past 17 years; severe biological depression, anorexia and bulimia, a generalised anxiety disorder, and obsessive / compulsive behaviour. As a registered nurse and a Minister for 15 years, Fiona has been the ‘helper’ but has also experienced ‘helplessness’ as a consumer (both of public and private mental health services) for the past 17 years. This ‘dual’ experience, along with her current work as a mental health consumer consultant, educator, and writer gives Fiona unique insights into issues of stigma and discrimination. Learning Objectives: 1. Mental health professionals and consumers will gain deeper insight and understanding into the stigma and discrimination people with mental illness can experience from the places they should least expect to find it! 2. Stigma and discrimination is recognised as a significant issue that impacts on early intervention, effective treatment and recovery for people experiencing mental illness.
S84 Partners at the Table  
7/09/2007 From: 1030 To: 1230  Venue: Bellarine 1  
Paper 20 Minutes: We have been sitting at the table for ages, but somehow mental health services have been going to another restaurant: getting a match between consumers, carers and service providers.  
Jane Pepper  Debbie Merritt  
Consumer participation and carer participation appear regularly among the objectives of mental health policy documents across Australia. This paper describes a project undertaken by a public mental health service to develop a framework for genuine and effective participation across the service. The project aimed to move participation from a level of compliance to policy, to a level where consumers and carers feel they are driving, or have the potential to drive meaningful change in the system. The process of engaging consumers and carers is explained, as is the use of dialogue to explore issues such as representation, advocacy, consultancy, and the ladder of participation. The paper provides an account of the tumultuous journey that sought to marry service-driven models and consumer models of participation in the absence of any well-defined carer models for participation. The paper concludes with a brief description of the framework. The framework seeks to provide a multitude of opportunities for participation in an environment conducive to reciprocal learning and support where participation is seen as more than a goal but also a process. Learning Objectives: 1. To gain an understanding of the issues involved in planning for increased participation of consumers and carers in a public mental health service. 2. To gain an appreciation of the importance and value of genuine engagement with consumers and carers in the development of mental health policy.  

S84 Partners at the Table  
7/09/2007 From: 1030 To: 1230  Venue: Bellarine 1  
Paper 20 Minutes: Mental Health Outside the Square. Taking the Best from Clinical and Community Services to improve recovery outcomes for young people.  
Katharina Verscharen  Angie Macmillan  
This presentation will offer the audience a focus on the importance of collaborations between service systems to ensure best possible outcomes for young people living with a mental illness. Young people and the presenters will highlight the Shire of Yarra Ranges Youth Services Traction Program that includes collaboration between services demonstrating clinical and psychosocial rehabilitation frameworks and outcomes identified with recovery for the young person. The Traction Program is a unique Psychiatric Disability Support funded day program for young people 16-25 based in a local government youth service in Melbourne's outer east. The program holds a unique collaboration between all aspects of the mental health service system, adult, child and adolescent, primary mental health, psychiatric disability support, community based youth outreach and employment services. In partnership, Traction has developed a number of programs that encompass a variety of modalities including mental health education, employment and education pathways, social and recreational options. Traction has developed a unique philosophy, style and way of operating. As a targeted integrated program we take the best of youth and mental health services and bring them together in an environment that fosters creative recovery. The Integrated Model provides further options for young people to continue their recovery through both traditional mental health and community youth specific pathways. The program has been successful in its outcomes with recovery, including
increased level of functioning, increased satisfaction of quality of life, increased level of employment and education and community connectedness. Learning Objectives: 1. The presenters will highlight the process in developing comprehensive and sustainable programs that provides evidence for efficacy for the service system and best possible outcomes in recovery for young people. The audience will experience first hand from a young person the importance of a service that encompasses youth specific issues outside of the mental health system. 2. Research suggests that mental health is one of the leading factors impacting on youth wellbeing. There is strong evidence to the efficacy of early intervention programs, that are tailored specifically for young people. Participants will be challenged on their ability to respond to the needs of young people through service partnerships outside of the mental health system. References: Barton R 1999, ‘Psychosocial Rehabilitation Services in Community Support Systems: a review of outcomes and policy recommendations’, Psychiatric Services, 50 (4) April, pp 525 534. Dun C & Fossey C 2002, ‘Promoting the process of recovery’ in Pepper S (ed) Towards Recovery, New Paradigm Press, N. Fitzroy Vic.

S84 Partners at the Table  
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 1  
Paper 20 Minutes: The story of the NSW State-wide Aboriginal Mental Health Workforce Program.  
Verina Crawford  Mitchell Clusters  Russell Roberts  
The former NSW Far West Area Health Service initiated a program of supported training in order to build an effective and efficient Aboriginal Mental Health Workforce. The purpose was to train local Aboriginal people to work in and provide mental health clinical care. The program combines workplace experiences and training plus university training (The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program at Charles Sturt University is the education provider) to provide the necessary clinical skills to work in mental health services. At the completion of the three years of supported skill development the trainees become full-time employees of the mental health service. An evaluation of the former program highlighted a number of areas that required improvements (Kanowski 2002). In 2006 it was announced that NSW Health will build on the previous model and roll out this model across the State through enhancement money. A manual has been produced outlining the processes that are required in order for local mental health services to support the Workforce Development and Training of Aboriginal Mental Health Workers. The development of the manual and the lead up work to the State-wide roll out was undertaken by the Cooperative Research Centre for Aboriginal Health and was officially launched in 2006. Currently the Greater Western Area Health Service has 13 Aboriginal Mental Health Trainees who are located in a variety of mental health services. A further 16 positions have been created in rural mental health services and Justice Health throughout NSW. In 2008, the focus will be on the Urban Mental Health Services and in 2009, the Aboriginal Community Controlled Sector. Learning Objectives: 1. The audience will gain a better understanding of the processes required to reach agreement to implement a new Aboriginal Mental Health Service. It will also provide an outline of the program of supported workplace and university training for Aboriginal Mental Health workers. 2. This program demonstrates some of the key ingredients to improve success rates of this emerging professional workforce. References: This will need to be fill in properly with full references below suggest they are: 1. The evaluation undertaken by Len Kanowski. 2. The Aboriginal Mental Health Worker Training manual.
S84 Partners at the Table
7/09/2007 From: 1030 To: 1230 Venue: Bellarine 1
Sabin Fernbacher  Felicity Rorke
A high number of clinical mental health consumers have experienced sexual abuse, family violence or both. Historically mental health services have not been on the forefront of addressing abuse issues as part of service provision. At the same time service systems and organisations do not always work together well across service boundaries, leaving a gap not only for the consumer but also for professionals. The Northern Area Mental Health Service aims to address some of these issues via a collaborative project with local agencies through the NAMHS Partnership Project. This presentation will provide some of the evidence on the prevalence of abuse and the link to mental illness; discuss some of the organisational issues involved in working across service and sector boundaries as well as some of the 'ingredients' needed to form collaborative relationships; and illustrate the work undertaken by the NAMHS Partnership Project to date, as well as future directions for the project. The work of the Partnership Project is linked with the literature, including the findings of a recent study in Victoria (exploring collaboration across three service sectors) and studies on inter-professional collaboration. It is also connected with the current reforms in Victoria, which highlight an increasing focus on partnerships and interagency collaboration. Learning Objectives: 1. The audience will increase its understanding about the prevalence and link between abuse and mental illness. 2. A high number of people with mental illness have experienced abuse at some stage in their life; however the effects of abuse are rarely taken into account or are worked with in mental health service provision. This presentation will provide some examples of changing a mental health service to become more receptive and responsive to these issues. References: Department of Human Services/Mental Health Branch (2006). Building Partnerships Between Mental Health, Family Violence and Sexual Assault Services. Project Report. Melbourne: Victorian Government Department of Humans Services. Golding, J. (1999). Intimate partner violence as a risk factor for mental disorder: a meta analysis. Journal of Family Violence 14 (2): 99-132.

S85 Inpatient Guides
7/09/2007 From: 1030 To: 1230 Venue: Otway 2
Nicole Livermore   Anne Ind   Meg Simpson   Ben Cracknell
The booklet was developed in response to a local service identified need for improvement of discharge planning 1. It was developed in consultation with clinicians and consumers and is an important reference for consumers both during their inpatient stay and at home. It provides information about what to expect, rights and responsibilities, medication and discharge planning 2. Consumers can record information about their stay, answers to questions they may have and follow-up appointments with community services can be noted. Additionally anecdotal evidence from feedback from new graduates novice nurses to the area of mental health, indicated that there was a need to further develop their engagement and therapeutic communication skills when dealing with consumers/carers. In refining the model of care for discharge planning and relapse prevention, therapeutic groups were introduced to facilitate and support the use of the booklet. The booklet has been trialled in two acute inpatient wards in Greater Western Area Health Mental Health Services, during which time a focus has been the collection of Consumer Feedback Questionnaires. The trial has been conducted in a quality framework of participatory action review that aims for change in practice through problem solving approaches. It has enabled collaboration and involvement of consumers and has conceptual
similarities to change theory and quality improvement process. Consumer feedback has been positive, with consistent indication that the information in the booklet was useful and relevant, along with comments, great work, fantastic initiative, wish it existed in 1976; all Australian psychiatry facilities should have a resource like this.

Learning Objectives:
1. This presentation will provide an overview of the implementation of a model care, designed to facilitate and improve discharge planning for consumers in the acute inpatient setting.
2. This topic is relevant to both mental health services and current mental health issues as it provides a consumer focused workbook which facilitates the link between admission and discharge. This ensures that consumers are involved in the journey of working towards recovery and there is a continuum of care in the process from admission to discharge.

References:

S85 Inpatient Guides
7/09/2007 From: 1030 To: 1230 Venue: Otway 2
Paper 20 Minutes: From Containment to Engagement in a Psychiatric Intensive Care Unit.
Paul Johns
Since deinstitutionalisation, Mental Health Services across Australia have implemented the use of small locked units attached to their acute wards for patients who are acutely psychotic and/or suicidal/homicidal. The general purpose of the units are containment, the administration of anti-psychotic medications and the provision of a low stimulus environment, little emphasis has been placed on non-medical interventions. The aim of this paper is to give participants the opportunity to explore and participate in non-medical interventions/strategies that have been developed and implemented within the locked units at St. Vincent's Mental Health Service. The purpose of these interventions is to foster an engaging, therapeutic environment for patients and staff so that the focus becomes engagement rather than just containment. This helps with better communication, more understanding between the treating team and the client(s) as well as for de-escalating violence. Learning Objectives: 1. Participants will have the opportunity to take away some ideas about different therapeutic interventions that they may be able to implement in their own practice. 2. Participants will be able to think about how they might challenge their own practice when working in such units with people with high needs. References: Thomas, B., Jones, M., Johns, P. & Trauer, T. (2006). P.r.n. medication use in a psychiatric high-dependancy unit following the introduction of a nurse-ed activity programme. International Journal of Mental Health Nursing, 15, 266-271.

S85 Inpatient Guides
7/09/2007 From: 1030 To: 1230 Venue: Otway 2
Louise Collins  Stephen Burke
In 2005 we began to develop a vision for the inpatient unit. A number of issues had led to this point; an increasing number of clients absconding from the ward, and issues centring on drug and alcohol use. From here we envisioned creating a therapeutic community on the ward that embraced the benefits of group work. We wanted to develop an environment that promoted engagement, communication, and impacted positively on clients' inpatient experience. We focused much of our attention on developing our current group program, and to date have an average of
30 - 35 groups that run per week. The program is an integral component of most clients' time on the ward and has played a major role in creating a therapeutic culture. We have adopted a multidisciplinary approach to group work, so as to incorporate a diverse range of skills and groups. Of key importance is the collection of client feedback regarding the impact of the group program. This feedback has been positive and is integral in guiding the continued evolution of the program on the ward. Learning Objectives: 1. This presentation will demonstrate the benefits of embracing a culture of group work on an Inpatient Unit, importantly from the client's point-of-view. 2. The topic of group work and its impact on client's well-being is relevant to mental health services as it is a re-emerging trend in Inpatient Units, and is proving to have a positive impact on clients inpatient stay.

S85 Inpatient Guides
7/09/2007  From: 1030 To: 1230  Venue: Otway 2
Paper 20 Minutes: Consumer and Carer Experiences of Mental Health Inpatient Facilities.
Angela Piscitelli
In late 2005, the Peel and Rockingham Kwinana Mental Health Service (on the southern outskirts of the Perth metropolitan area) began planning for a new mental health inpatient facility, due to open in 2008. An important and essential part of the planning process was consulting with consumers and carers about their experiences of mental health facilities. This consultation used a qualitative methodology through interviewing consumers who had been admitted to a mental health inpatient facility, and carers of those who had been admitted to a mental health inpatient facility. It was specifically designed to explore consumers and carers own perspectives and experiences, rather than provide a broad-based review of mental health inpatient facilities. From February to April 2006, 42 consumers and carers were interviewed. Questions included: Were you told what would happen when you were admitted to hospital? What did you like and not like about the buildings and environment? How did it feel to be in hospital? Were you treated with respect? What could have been done to make your stay better? This paper presents a detailed summary of consumer and carer experiences, feedback on a variety of issues and suggestion for the improvement of mental health inpatient facilities. Learning Objectives: 1. The audience will gain an appreciation of what it is like to be in hospital from the consumer / carer perspective. 2. This topic is relevant to the design and functioning of mental health inpatient facilities. References: Mason K, Olmos-Gallo A, Bacon D, McQuilken M, Henley A, Fisher S (2004). Exploring the consumer's and provider’s perspective on service quality in community mental health care. Community Mental Health Journal, 40(1), 33-46. Dickey B & Sederer L [Ed] (2001). Improving mental health care: Commitment to quality. Washington, US: American Psychiatric Publishing IncNB: It is intended that a consumer representative be recruited to co-present this paper.

S86 Peer Employment
7/09/2007  From: 1030 To: 1230  Venue: Otway 1
Emma Clutterham  Gemma Ferraretto
The Gully is an award winning rehabilitation and recovery service of the Central Northern Adelaide Health Service - Mental Health Division. The Gully programs are based on the principles of recovery and are developed and delivered in partnership with consumers of the service. The services include a range of educational, pre-vocational, vocational, social and recreational services for adults with a mental illness in a group program setting based in the local community. The Gully's most recent projects demonstrate its evolution into a consumer directed service through the development of a management committee and the employment of peer workers to
work within the rehabilitation centre setting. This is a pilot project and the outcome of a seeding grant from the Office of the State Minister for Health in South Australia. This paper will outline the processes developed through collaboration of The Gully staff and consumers, to arrive at employment of consumers and the development of a management committee involving consumers and staff working in partnership. It will also include the results of the evaluation research that assessed the project's impact on the consumer peer workers' and The Gully consumers' mental health and empowerment. Learning Objectives: 1. An understanding of recovery and rehabilitation principles as outlined in international literature and as demonstrated in practice through this project. An understanding of the step by step processes to arrive at a consumer directed management committee for a rehabilitation and recovery service. An understanding of processes, issues and solutions of employing peer workers in this setting. An understanding of the practical ways to make a partnership successful from a consumer and staff perspective. The process for setting up and implementing and evaluation research to demonstrate outcomes of the project. 2. The value of peer workers in consumer recovery: It is internationally recognized that peer workers assist with fostering hope, sharing ways of overcoming the effects of mental illness, providing a unique and empathic perspective as demonstrated in international literature. (Davidson et al 1999). The positive impact of consumer control in service provision: Quality consumer drop-in centers have greater consumer control, participants are active in decision making, planning, budgeting, personnel decisions and operational issues (Mowbray et al 2002). This paper demonstrates how the management committee at The Gully ensures that a consumer voice directs and guides the program. The necessity of a committed and interested workforce in contributing to the success of partnership service models: Consumer providers and consumer directed programs in mental health services benefit from direct support from trained staff who have the appropriate skills and attitudes in facilitating the evolution of consumer directed services (Mowbray and Moxley 1998, Yuen and Fossey 2003). This paper highlights the impact of staff support as explored in the evaluation research. References: Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D. and Kraemer Tebes, J. (1999) Peer support among individuals with severe mental illness: A review of Evidence. Clinical Psychology: Science and Practice Vol. 6, no.2, Summer, pp165-187. Fossey, E.M. & Harvey, C.A. (2001). A conceptual review of functioning: implications for the development of consumer outcome measures. Australian and New Zealand Journal of Psychiatry. Volume 35, Issue 1, pg. 91. [online] accessed 19th November 2003. Mowbray, C.T. & Moxley, D.P. (1998) Consumers as mental health providers: first person accounts of benefits and limitations. Journal of Behavioral Health Services & Research, Vol. 25, Issue. 4 p397, 15pgs. [online] accessed 19th November 2003. Mowbray, C.T., Robinson, E.A. & Holter, M.C. (2002) Consumer drop-in centers: Operations, services and consumer involvement. Health and Social Work. Vol. 27, Iss. 4, Spring; pg. 248, 14pgs. [online] accessed 19th November 2003.

S86 Peer Employment
7/09/2007 From: 1030 To: 1230 Venue: Otway 1
Paper 20 Minutes: Passport to Peer Work: Journeying with peer workers and their employers.
Carmen Franke  Jason Hoppo
The Baptist Community Services (BCS) SA Peer Support Project has established training and mentoring programs for mental health consumers engaged as peer workers. Peer work is internationally recognized as a significant factor in the recovery of people experiencing a mental illness. BCS has supported several organizations in recruiting and introducing peer support to the workplace. We have found that the establishment of peer support is most successful when it is planned and implemented carefully. Many challenges have been identified during this process and
BCS has worked alongside the organisations to minimize these issues. Our mentoring model aims to support both the employer and the peer worker. We have developed a tool kit for employers, which outlines key steps for the successful implementation of peer work. We also offer support to peer workers by delivering mentoring directed at individuals or groups. Issues that are raised and discussed include: establishing a relatively new position; maintaining your own health; grief and trauma; the change of roles: from Mental Health Service consumer to employee. As Australian Government policy continues to support the employment of consumers, opportunities in peer work are increasing. BCS has developed a training course to equip experienced peer workers in the role of workplace mentor. References: Salzer, M.S., & Mental Health Association of Southeastern Pennsylvania Best Practices Team (2002) Consumer-Delivered Services as a Best Practice in Mental Health Care and the Development of Practice Guidelines. Psychiatric Rehabilitation Skills, 6, 355-382. Carlson, L.S., Rapp, C.A., & McDiarmid, D. (2001). Hiring Consumer-Providers: Barriers and Alternative Solutions. Community Mental Health Journal, Vol. 37, No 3, 199-213. Learning Objectives: 1. Insight into important issues for peer workers and the role of mentoring to support peer workers in handling these issues. 2. The successful implementation of peer work roles is important for the improvement of mental health service delivery as peer work is internationally recognized as a significant factor in people's recovery.

S86 Peer Employment
7/09/2007 From: 1030 To: 1230 Venue: Otway 1
Paper 20 Minutes: Employment Experiences of People with Experience of Mental Illness.
Debbie Peterson
In 2005 the Mental Health Foundation undertook research into the employment experiences of people with experience of mental illness, as part of the research programme following on from the New Zealand discrimination survey Respect Costs Nothing. Twenty two face to face interviews were conducted. Many of the participants of this current study reported that they had been discriminated against either while seeking or while in employment, because of their experiences of mental illness. Most had become unwell at some stage whilst in employment, some employers and colleagues had been supportive, many had not. People also reported difficulties in gaining reasonable accommodations, with some losing their jobs because of this - either because they could not continue to work, or because they were asked to leave. Despite their experiences of discrimination, very few people made formal complaints due to a fear of retribution. This presentation highlights the effects of mental illness on employment (and employment on mental illness) from the perspectives of people with experience of mental illness, and the positive steps that employers, policy makers and people with experience of mental illness can take to improve the situation for everyone. Learning objectives: 1. An understanding of the effects of mental illness on employment and employment on mental illness. 2. Employment is a key mechanism to aid recovery. References: Peterson, D, Pere, L, Sheehan, N, Surgenor, G, Respect Costs Nothing: A survey of discrimination faced by people with experience of mental illness in Aotearoa New Zealand, Mental Health Foundation, 2004. Lennan, M. and A. Wyllie. Employer Attitudes and Behaviours Relating to Mental Illness. Wellington, Ministry of Health 2005
S87 Comorbidity (alcohol & drugs)
7/09/2007 From: 1330 To: 1500 Venue: John Batman Theatre
Paper 20 Minutes: Developing a Model of Care for Dual Diagnosis Clients: The Importance of Identifying Mental Illness in Substance Abusing Populations.
Anna Thomas Petra Staiger Marita McCabe Lina Ricciardelli Greg Young Wendy Cross

It has been argued that many clients with a dual diagnosis (DD) are falling between the gaps of the health care system resulting in poor long-term outcomes for these individuals (Drake & Mueser, 2000; Kavanagh, et al., 2000). This is particularly the case for individuals with anxiety and depressive disorders as they are often excluded from accessing mental health services. The rationale behind this project is that careful planning is required to develop clear pathways of care between primary and secondary services. This project has five stages: interviews with key informants; a literature review; examination of DD clients, developing a service plan model and conducting a preliminary evaluation of this plan. This presentation reports on data from stage three, examining the characteristics and experiences of 96 DD clients. Results indicated that the majority of DD clients suffered from multiple substance use and mental health issues and were most likely to be diagnosed with Severe Depression, Social Phobia, Generalised Anxiety Disorder and Obsessive-Compulsive Disorder. Comparisons between comorbidity sub-groups revealed few differences suggesting that this is a fundamentally homogenous group. The majority of this sample was being treated within alcohol and drug services, however, the high prevalence of mental illness in this group suggests that substance use is one of many issues.

Learning Objectives: 1. The audience will gain a much more detailed picture of the relationships which exist between substance use and high prevalence mental health disorders than is generally reported. 2. This issue is relevant to mental health services because mental health and substance abuse problems have traditionally been treated as separate issues. The results of this project, however, suggest that clients who are experiencing both issues may benefit from more integrated treatment plans.

S87 Comorbidity (alcohol & drugs)
7/09/2007 From: 1330 To: 1500 Venue: John Batman Theatre
Paper 20 Minutes: Improving treatment interventions for clients with a Dual Diagnosis in an Acute Inpatient Mental Health Unit.
Ruth Whitely Kevan Myers

This paper will explore the development of a systemic approach to improving interventions for dual diagnosis clients in an acute inpatient setting. Collaboration occurred between staff from the Mental Health Inpatient service, Nexus DD Service, Turning Point Alcohol & Drug Centre, Department of Addiction Medicine at St. Vincent's to develop interventions, including: screening and assessment, group intervention and improved links to AOD services. Acknowledging various research that between 40-60% of inpatient consumers experience mental illness and substance use co-morbidly on admission. Nexus aimed to improve active treatment and engagement with this client population. The presentation will also cover an evaluation of the effectiveness of these approaches based on consumer and staff feedback. Dual diagnosis intergrated interventions are both possible and effective in an acute mental health services. Learning objectives: 1. The audience will learn how to develop dual diagnosis treatment interventions in an acute inpatient setting and understand the organizational issues related to the capacity building approach of Nexus. 2. Research in this area suggests around 40-60% of consumers of Acute Inpatient Mental Health Services have a dual diagnosis. Furthermore MHRI research data shows that outcomes for these consumers on a range of indices benefit from interventions such as a collaborative group approach. References: Spencer, C., Castle, D. & Mitchie, P. T. (2002). Motivations that maintain substance use among...

S87 Comorbidity (alcohol & drugs)
7/09/2007 From: 1330 To: 1500 Venue: John Batman Theatre
Glenn Rutter    Suzanne Stewart    Jessica Davis

In recent years there has been increasing attention in Australia to improving the treatment of those who have co-occurring substance use and mental disorders (a dual diagnosis). Whilst there is consensus that treatment for these disorders should be integrated there has been little exploration of what this means in direct practice. In particular, attention has not been paid to how interventions that are commonly employed with stand alone substance use or mental disorders should be sequenced and combined for those who have co-occurring disorders. This workshop seeks to address these gaps in practice and to provide participants with practical skills in planning interventions with those who have a co-occurring disorders. The workshop will include:(i) a brief introduction to co-occurring disorders;(ii)an orientation to a biopsychosocial framework developed by the presenters for conceptualising interventions in co-occurring disorders; and (iii)an interactive application of this framework to a case study.

Learning objectives: 1. Participants will develop an understanding of how to conceptualise biopsychosocial interventions for those who have co-occurring mental health and substance use disorders.2. Participants will develop skills in planning integrated interventions with those who have co-occurring mental health and substance use disorders.

S88 Understanding Cognitive Impairment
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 7
Symposium 1.5 Hrs: Understanding and Dealing with Cognitive Impairment in Schizophrenia.
David Jonathan Castle    Kim Mueser    Susan McGurk    Til Wykes    Susan Rossell

We will address the critical issue of cognitive impairment in schizophrenia and provide an overview of the range of cognitive impairments seen in this disorder, and a review of the impact these impairments can have on the ability of the individual to reintegrate into society in terms of social and educational/vocational domains. Recent advances in cognitive remediation will be presented, with a consideration of both pharmacological and psychosocial interventions aimed at ameliorating cognitive impairment and assisting the individual with life skills.

Learning Objectives: 1. To update the audience about current understanding of the cognitive deficits in schizophrenia, and their impact on people’s daily functioning. 2. To provide an overview of current treatment approaches to ameliorate cognitive impairments in schizophrenia.

S89 Recovery, Deinstitutionalisation
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 6
Paper 20 Minutes: Recovery for Carers - a new focus for ARAFEMI Victoria.
Warren Jenkins    Mara Pacers

For over 10 years we have heard about the benefits of recovery approaches for people who experience mental illness. This paper looks at recovery for carers, the often overlooked part of the caring continuum. ARAFEMI Victoria has a long history of providing support to carers through mutual support and education programs. It also has a significant program directly supporting people with mental illness in community living situations. The paper discusses -1. Commonalities about the lived
experience of carers of people with a mental illness. 2. A recognition that carers have their own needs which are quite separate from any involvement with the person they support or mental health services. 3. The carer's lived experience is discussed using the Carer's Lifecourse Framework (NSW Health / CarersNSW) which has been adopted by ARAFEMI as a basis for its Family Support program. The carer experience is a journey portrayed by this framework as both cyclical and linear in nature. 4. A recovery structure is superimposed upon this framework highlighting both what Personal Recovery can mean for carers, and Recovery Based Approaches by Carers towards the person they support. 5. Implications for the development of Recovery Based Groups for Carers.

S89 Recovery, Deinstitutionalisation
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 6
Paper 20 Minutes: 21 Years of Psychosocial Rehabilitation - Coming of Age and Communicating a Future.
Ben Ilsley  Matt Clear
To articulate how the psychosocial rehabilitation sector in Victoria has developed and evolved. We will highlight a coming of age in the sector and how a range of learnings has contributed to the need to effectively communicate a clear message and advocate for a new vision for community mental health support. Our presentation will place this within a national and international context and try to bust open myths and preconceptions around where psychosocial rehabilitation sits within the mental health system and where it is moving to. Central to this analysis are ideas about how a modern mental health system might be evaluated and how this can inform current practice and future directions. We will also look at new initiatives in the delivery of community mental health support, particularly State/Commonwealth hybrid funding, and examine how they advance or challenge this project. Summary: Victoria has a system of community mental health services that is well developed relative to those of other Australian states. This presentation looks at, and addresses, some of the challenges that this unique context provides. Learning objectives: 1. A solid understanding of the ways that the psychosocial rehabilitation sector in Victoria has evolved and the key areas of focus after 21 years. How a range of learnings contributed to the need to effectively communicate a clear message and advocate for a new vision and change. 2. Delegates will appreciate the importance and challenges of developing a clearly articulated vision for a sector that contains great complexity.

S89 Recovery, Deinstitutionalisation
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 6
Paper 20 Minutes: Project 300 and Beyond Opportunities and Challenges of Deinstitutionalisation.
Scott James  Kerry Lyons  Tom Meehan
In the previous decade there has been significant institutional reform under a number of initiatives to promote the resettlement of people with psychiatric disabilities to return to their communities. One of the initiatives conducted by the Queensland Government is Project 300 which has been established since 1995 to assist people with psychiatric disabilities to move from institutional care to community accommodation into the region or origin of their choice. Project 300 brought together the Queensland Government departments of Disability Service Queensland (DSQ), Queensland Health and Department of Housing to ensure each individual returning to
the community had the supports and infrastructure necessary to maximise participation and integration in their chosen community. From the ongoing evaluation of the program it highlights how government departments can work together to improve the well being of people with psychiatric disabilities. Project 300 demonstrates that given adequate support and good clinical case management, the accommodation needs of people with long term psychiatric disabilities can be met through ordinary / normal housing in the community. Aim of presentation: To highlight the success of deinstitutionalisation where government departments collaboratively work together and the ability of people with a psychiatric disability to successfully live in the community with appropriate supports. Learning objectives: 1. The audience will learn that with appropriate supports individuals with a long term psychiatric disability that have been institutionalised over many years can successfully transition back into their own homes within the community. 2. Participants will learn about the different components of the evaluation and gain insights into how the Project 300 program impacted on the lives of those clients involved. In addition, this topic is relevant to the mental health sector considering the initiatives from the National Mental Health Action Plan 2007 - 2011 and the work being done by the Commonwealth and State governments. References: Meehan, T., Robertson, S., Stedman, T., Byrne, G (2004) Outcomes for elderly clients with mental illness following relocation from a stand-alone psychiatric hospital to community based Extended Care Units. Australian and New Zealand Journal of Psychiatry 38, 948-952. Meehan, T., Stedman, T., & Robertson, S (2006). Outcomes for long-stay patients discharged under the Project 300 program: Follow-up at 7 years post-discharge (Final Evaluation Report). Brisbane: Service Evaluation & Research Unit, The Park, Centre for Mental Health.

S90 Stigma, Identity
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 5
Paper 20 Minutes: Changing the sociology of censure: The like minds like mine anti-stigma and -discrimination project turns a corner.
Dean Manley
The Like Minds Like Mine campaign was set up due to recommendations in a report written in the wake of a high-media-profile incident involving a person with experience of mental illness. The report found that shame and guilt surrounding mental illness was the result of stigma and discrimination, and this played a large part in the tragedy. Media reports did much to increase fear of and misconceptions about people with experience of mental illness, and also that the self-censure that people felt proved to be a barrier to them seeking recovery and assistance from services and the community in times of distress. They also proved to increase barriers to peoples’ recovery. Like Minds Like Mine was a response to these findings, and this paper explores the career trajectory of the campaign, its successes and challenges, and the point marking its transition from a public health promotion into a human rights-based movement involving consumer leadership, governance, and delivery. It outlines the future directions of a campaign which walks the walk of Government policy and legislation, devolving responsibility and accountability to the subject group. It explains how the funders moved from a pedagogical hierarchical model to a community development form, explaining how this is best practice in the field of mental health recovery and education. The author concludes with an overview of the latest strategic plan which illustrates the campaign’s development and evolution into a consumer-led and run initiative. Learning objectives: Participants will learn the background of the Like Minds Like Mine campaign, the aims and visions of the campaign, successes and challenges. the tipping point that ensured its future direction as a community development.
S90 Stigma, Identity  
7/09/2007  From: 1330 To: 1500  Venue: Bellarine 5  
Cathy Powell  
This paper examines the impact on Aboriginal identity through the process of colonisation and assimilation. One of the most devastating acts of government was the systematic removal of Aboriginal children, who today are known as the Stolen Generations. The effects of loss of identity include grief, loss and emotional unwellness. These effects were to continue today through transgenerational effects. Some parents protected their children from the ‘welfare’ by hiding their Aboriginal identity and ‘wrapping their children in cotton wool’. Many Aboriginal people were caught, and still continue to be caught, between two worlds and not fitting in or being accepted into either Aboriginal or non-Aboriginal culture. Colonisation has created racism in a variety of forms. One form of racism that has evolved is internalised racism, where a group accepts racist definitions and turns racism on themselves or on others within their group. To prevent assimilation being continued and dividing Aboriginal people children need to be protected like precious gems and ‘wrapped in a thin layer of cotton wool’. 'A thin layer of cotton wool' will not obstruct the truth of colonisation or the effects of loss of Aboriginal identity. The significance of this paper is to create an understanding for Aboriginal and non-Aboriginal professionals of the traumatic effects that occurred through loss of Aboriginal identity. It is hoped this knowledge will assist to unite Aboriginal people and assist in healing the deep wounds caused by the attempts at assimilation.

S90 Stigma, Identity  
7/09/2007  From: 1330 To: 1500  Venue: Bellarine 5  
Debbie Peterson  
This paper presents the findings of an international literature review focusing on internalised stigma and self-discrimination experienced by people with experience of mental illness. The literature review was undertaken as part of a wider research project, for the New Zealand Like Minds, Like Mine project to counter stigma and discrimination associated with mental illness. Most research into stigma and discrimination and mental illness examines other people's attitudes towards people with experience of mental illness, rather than internalised stigma and self-discrimination. The literature that does exist often links internalised stigma to low self-esteem, fear of discrimination or sees it as the opposite of personal empowerment all quite different concepts. This presentation will look at some of the misconceptions surrounding internalised stigma, some popular definitions and models, and offers some ways forward in thinking about the issues. The emphasis will be on marrying the actual lived experiences of people with experience of mental illness with the theoretical frameworks mentioned in the literature. Learning objectives: 1. A deeper understanding of the issues surrounding internalised stigma and self-discrimination that face people with experience of mental illness. 2. Internalised stigma and self-discrimination are major issues that all people with experience of mental illness face. References: Corrigan, P. and P. Kleinlein (2005). The impact of mental illness stigma. On the Stigma of Mental Illness: Practical strategies for research and social change. P. Corrigan. Washington D.C., The American Psychological Association: 11-44. Sayce, L. (1998). 'Stigma, discrimination and social exclusion: What's in a word?' Journal of Mental Health 7(4): 331-343.
S91 Consumer Employment
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 4
Paper 20 Minutes: An Inhouse Mental Health sensitive financial counselling service - 12 Months of experience
Ingrid Baarsma  Keith Joseph  Annette Bould
Peninsula Community Mental Health Service in partnership with The Good Shepherd Youth and Family Service have initiated and developed a model for service delivery of a mental health sensitive financial counselling service. The service is based alongside community continuing care services and works with caseworkers to address financial problems, in particular debt and financial rights of consumers. People with mental illness have great difficulty accessing these services within the wider community due to the complexity of mental health problems and the compounding financial stresses. The development of a Mental Health sensitive financial counselling service has provided a bridge for the gap between clinical services and timely strategic financial assistance. Peninsula Mental Health service and The Good Shepherd have collected and analysised data from the first 12 months of service usage that has seen more than 30 clients with over $150,000 worth of debt. The work has provided financial clarity and security for these clients and the flow on effect of successful interventions can be seen in all aspects of the clients daily life and mental well being.

S91 Consumer Employment
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 4
Paper 20 Minutes: A step in the right direction executive level employment for a consumer worker.
Vrinda Edan  Nicki Ursu
In 2005 the Executive Director of the Mental Health Program, Southern Health, developed and implemented a senior management position for a Consumer/Carer worker. The position of Director of Consumer and Carer Relations (DCCR) is an Executive Management position that reports directly to the Executive Director, Mental Health Program, Southern Health. The incumbent is a member of all executive committees within the Program. The DCCR manages 9 staff in total - 5 consumer workers and 4 Family/Carer workers, and provides Consumer and Family/Carer leadership and is responsible at the Executive level for Consumer and Family/Carer Participation and Involvement. Nicki Ursu, Human Resource Manager at Southern Health, will discuss the development of this position; the human resource issues and solutions, and some of the challenges of being the first Health Service in Victoria to implement such a position. Vrinda Edan (DCCR) will discuss the main responsibilities of the position and its key achievements in the first 12 months, some of which include:1.Revision of the remuneration package for Consumer and Family/Carer workers.2.The development of a 4 year Consumer and Family/Carer Participation and Involvement Strategy.3.The development of a Consumer and Family/Carer Advisory Group.4.A 12 month project to audit all education and training materials for consumer and family/carer perspective material. (commencing in March 07).The presentation will conclude with some hints and ideas on how to adapt or implement a similar position in other services. Learning Objectives:1. How Consumer involvement at executive level can improve consumer and family participation and involvement.2. How to initiate executive level employment for consumer workers. References: Gordon, Sarah 2005. The Role of Consumer in the leadership and Management of Mental Health Services. Australasian Psychiatry Vol 13 No 4 Dec 2005. Happel, B and Roper, C 2006 The myth of representation: the case for consumer leadership. Aust EJournal for the advancement of mental health. Vol 5 Iss 3 2006
S91 Consumer Employment
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 4
Paper 20 Minutes: Consumers and Providers in dynamic partnership: the development of a peer-led Consumer Education Program.
Julie Anderson

miRecoveryJourney is an innovative peer-led education program that takes provider-designed education program models a step further, by drawing on two bodies of knowledge that are not often brought together in dialogue: knowledge derived from lived experience (consultations facilitated by a consumer consultant) and evidence based research. MI Fellowship has a history of being led by carers and consumers: and strives to ensure a collaborative consumer/provider, carer/provider approach to program development. The vision is to resource participants to move beyond the mental health system by providing information and skill development opportunities, the ‘social learning’ context of peer groups and fostering pathways to self-determination (Salzer 2002; Solomon 2004). The program structure includes three stages: the ‘engagement stage’, followed by the ten-week ‘development stage’, and a ‘consolidation stage’ which consists of monthly ‘booster’ sessions to ensure continued ‘learning’ and ongoing social and community connections. Following on from the successful roll-out of the Well Ways program for carers MIFA are hoping that the program will establish a community of peers who are committed to their personal recovery objectives and also to advocacy and social change to develop a standard of excellence in Mental Health Care in 2020.

Learning Objectives: 1. The audience will gain knowledge on a method of research and program development that is based on the consumer perspective. 2. The consumer perspective to research and program development is often tokenistic. MI Fellowship demonstrates how relevant that perspective is to the research and development of a peer education program.


S92 Advocacy
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 3
Paper 20 Minutes: 23 Big Issues Revisited: Feedback from the Townsville TheMHS Consumer Day.
Rod Salvage Douglas Holmes

At TheMHS 2000 Consumer Forum, over 200 people experiencing a mental illness came together from across Australia and New Zealand to identify the key issues for people with mental illness. These issues have become known as the 23 Big Issues. In 2007 most of these issues have not been resolved. The paper revisits the development of the 23 Big Issues and why they are important, and gives feedback from the 2006 TheMHS Townsville Consumer Day. People attending the session will.

Learning Objectives: 1: Learn about how the 23 Big Issues were developed; 2: Gain a summary of the feedback from the Townsville Consumer DAY.

S92 Advocacy
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 3
Gerard Michael Reed

The purpose of this paper is to describe how Mental Illness Fellowship Victoria used the voices of our members to inform our advocacy in the Victorian State Election 2006. Mental Illness Fellowship Victoria, as part of its systemic advocacy work, aimed to inform and engage politicians in the lead up to the state election around the lived
experience of mental illness. In developing our strategy, key considerations for influencing the political process were the importance of first person contact (Corrigan, 2001), media collaboration, empowerment of people with a mental illness and their families (Global Council for Mental Health, 2006) and the political process of developing election policy. We surveyed our members, and identified their top 6 issues. With the results, we published a Call to Action and received responses from all the major parties. Their responses were disseminated widely and we asked members to contact their local MP and other candidates to talk through the issues. The campaign proved to be a simple but effective way to inform politicians about the way mental illness really affects people’s lives and gave a voice to those with the lived experience. Outcomes included successful engagement and awareness-raising, clearly identified issues, and a rich tapestry of real people’s stories. Learning objectives: 1. The audience will gain knowledge about how to influence political agendas in the lead-up to elections. 2. This topic is relevant because it provides a strategy for people with a mental illness and their families to influence political processes.

**S92 Advocacy**

7/09/2007 From: 1330 To: 1500 Venue: Bellarine 3

**Paper 20 Minutes: Doing consumer advocacy works.**

Ellie Fossey  Wanda Bennetts  Evan Bichara  Diahann Lombardozi  Sharon Saunders  Carol Harvey  Fiona McDermott

Doing consumer advocacy work matters! As part of a participatory research project exploring opportunities and challenges to meaningful participation in communities, fourteen participants described their involvement in advocacy work with a consumer perspective explicitly at its heart, drawing on experiences as members or facilitators of consumer-only advisory groups, and consumer representatives on committees in clinical services, psychiatric rehabilitation and support services, and local government. Doing consumer advocacy work blurred the boundaries between paid and unpaid ways of contributing in communities: some salaried and casual work, and much being voluntary work. Doing consumer advocacy work brought people together; to have a voice and be heard; and created opportunities for getting involved in making tangible differences in services, and in how communities understand mental health issues. Consumer only advisory groups provided safe ground and friendly territories for becoming involved in advocacy work, doing specific projects, and supporting consumer consultants in advocating for systems change. Doing this work meant ‘everybody knows... you’re a consumer’ and explicitly drawing on first-person expertise, with some advantages and disadvantages for future employment. Participants also highlighted other important attributes and skills for doing this work. These findings and their implications for consumer participation will be presented.

Learning objectives: 1. People attending this presentation will learn about what works and some of the challenges to doing advocacy work with a consumer perspective in mental health services, drawing on the experiences of people in consumer advisory groups and consumer consultant roles. 2. Our presentation will highlight varied ways in which consumers can become involved in bringing about service change and development in the mental health sector, and contribute to community understanding of mental health issues.

S93 Employment
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 2
Symposium 1.5 Hrs: Employment for People with Severe Mental Illness: the International and Australian Experience.
Robert King Terene McMah Geoff Waghorn Valda Dorries
Employment is central to participation in community life and a means by which individual contribute to society and derive benefits and resources. People with severe mental illness have low rates of employment and, as a result, are severely disadvantaged not only by the illness but by dependence on welfare and associated marginalisation from mainstream life. After two decades of demonstration projects and controlled trials we now have a reasonable understanding of the principles and practices that assist people with severe mental illness obtain and retain work. In this symposium, four presentations identify the key principles and practices, having reference to models and examples developed and implemented in Australia. Robert King provides and overview of the evidence-base for effective vocational rehabilitation for people with severe mental illness. Terene McMah examines the practices of employment services operating within the framework of DEWR funding and benchmarks them against evidence-based practice. Geoff Waghorn reports on a series of Australian projects based on the implementation of the IPS model integrating employment and clinical services. Valda Dorries describes the VIP program designed to promote access to employment for adolescents with mental illness. References: King, R., Waghorn, G., Lloyd C., McLeod, P., McMah, T., & Leong, C. (2006) Enhancing employment services for people with severe mental illness: The challenge of the Australian service environment. Australian and New Zealand Journal of Psychiatry, 40:471-77. Waghorn, G., Chant, D., & King, R. (2005). Work-related subjective experiences among community residents with schizophrenia or schizoaffective disorder. Australian and New Zealand Journal of Psychiatry, 39(4), 288-99.

S94 Achieving Standards
7/09/2007 From: 1330 To: 1500 Venue: Bellarine 1
Paper 20 Minutes: The importance of linking the quality accreditation process to achieving improved outcomes for organizational stakeholders
Anne Hastie Stewart MCMullin
This paper presents the positive outcomes that can be achieved for all stakeholders by utilising the Accreditation process. It will outline the advantages of adopting a quality improvement approach rather than concentrating on compliance alone. The Richmond Fellowship was accredited against the Health and Community Services Core standards and the PDRSS standards in October 2005. The Richmond Fellowship employs over 350 full, part time and casual staff dispersed across 8 Department of Human Services Regions. As many as possible staff/clients/carers and other relevant stakeholders were engaged in the process of Accreditation. The need to formally comply with set standards was a factor in pursuing accreditation, however to concentrate on achieving compliance alone was not necessarily going to result in the commitment required for long term and sustainable service improvement. The mindset required to view independent organisational assessment as positive and critical to the provision of quality services will be explored. Education, training and communication strategies will be discussed in the context of change management. Some organisational quality improvement projects designed to advance better outcomes for clients will be shared. Learning objectives: 1. The audience will gain an understanding of how the Accreditation process facilitates improved outcomes for all stakeholders. 2. This presentation will show that achieving Accreditation can be more than just a compliance requirement and can put quality high on the agenda. References: Quality Improvement Council, Health and Community Services Standards 5th Edition V 1.0 August 2004. Quality Improvement
As a part of mental health reform in SA a key strategy has been sector engagement in developing standards for psychosocial rehabilitation support services providing community based services to mental health consumers. Key to the reform agenda was a move to core rehabilitation and recovery services delivered by non-government agencies, through a model of partnership between the acute and community service sectors. This workshop will explore the use of strong leadership and collaboration between specialist, NGO sectors and mental health consumers to develop highly respected and embraced standards across the sector; resulting in a cake made with enthusiasm and passion and a drive for change. Development of the standards included a high level of engagement and collaboration with the mental health sector, including consumers, NGOs and government. The standards provide a tool for embedding system change and service development towards a recovery model. In addition, the standards support consumer, carer and community participation in mental health services and facilitate the ongoing development of responsive and quality services. Evaluation of the Standards has demonstrated them to be comprehensive and useable, enabling services to focus on service quality performance and improvement and a commitment to the delivery of high quality services. Learning Objectives: 1. The audience will gain an insight into a unique approach to a recipe for sector reform and an understanding of the psychology of change from the service provider and consumer perspectives. The topic is relevant to mental health services and consumers as the standards offer them a framework for the provision of quality services under a recovery model; a tool for embedding system change and service development. References: Government of South Australia. 2007. Psychosocial Rehabilitation Support Services Standards: Supporting Guide. Department of Health, Government of South Australia, Adelaide. The Senate Select Committee on Mental Health. 2006. A National Approach to Mental Health From Crisis to Community: Final Report. Commonwealth of Australia, Canberra.
relationships with other agencies both within the specialist mental health service and the broader health portfolio. Particularly with Child Youth and Women's Health Services and Services for Older Persons. Drug and Alcohol Services South Australia also played a major role in the provision of services to potential clients identified by the Emergency Response Service. Liaison and committed mutual assistance by South Australian Police [SAPOL] was an essential requirement to the operation of the service. In particular regard to safety for individuals, whether they are consumers, carers, dependent others, health care professionals, emergency personnel or the wider community. The evaluation covered the following areas: examines the development of the project; identified issues that may impact on the ongoing or expansion of the project; activity levels of the components of the project; presentations to Emergency Departments; number of Ambulance transports of primary mental health cases diverted from Emergency Departments; number of mental health inpatient admission avoided; information sharing and communication between SAAS and mental health; identified barriers to the project. Future directions for emergency mental health service delivery have been driven from the evaluation of this project and formed the basis for further review of current emergency service delivery and to propose a reconfiguration of how these services are delivered. The model to be introduced has a vision of a state wide 24 hour, whole of state, all age range emergency mental health triage system, and the reconfiguring of the Assessment and Crisis Intervention Service to enhance the ability to provide a rapid and responsive community assessment service.

**Learning Objectives:**
1. Evaluation of a joint venture emergency mental health telephone triage service and extended hours assessment service with the SA Ambulance Service.
2. Future directions for emergency mental health service delivery model for South Australia.

**S95 Smoking, Physical Health**
7/09/2007 From: 1330 To: 1500 Venue: Otway 2

**Paper 20 Minutes: The Physical Health of People with a Mental Illness.**
David Castle  Bridget Organ

People with severe mental illness are at increased risk for a number of medical conditions. These medical conditions often arise from the effects of the illness on lifestyle and occupation and also from the medication prescribed to them. These medical conditions often go undetected with a subsequent increase in morbidity and mortality in this group. Mental health services need to have a strategy in place to monitor the physical health of their consumers through routine tests and observations. In this paper, an overview of the common medical conditions encountered in this population will be covered and the subsequent risks associated with those conditions presented. The strategy adopted by St Vincent’s Mental Health to address this issue will be outlined including what we have learnt in implementing the metabolic monitoring process. Participants will gain an understanding of the significant medical issues faced by people with mental illness in their services and what needs to be done to ensure optimal care is provided. This is relevant to other mental health services in highlighting the need to address the increasing physical health needs as a priority for their consumers. In addition, participants will appreciate how important it is to have an established routine approach to monitoring their physical health so that appropriate interventions can be implemented.

**S95 Smoking, Physical Health**
7/09/2007 From: 1330 To: 1500 Venue: Otway 2

**Paper 20 Minutes: A quick, easy and effective method to begin to address tobacco.**
Maxie Ashton  Sue Condon  Sue Bertossa

Whilst tobacco is a major health and financial concern for many people with mental illness, often they are not asked about their tobacco use and they do not get support
to address it. Mental health workers and medical staff have limited time and tend to be reluctant to raise tobacco and address it with their clients. The 5As is a simple evidence based tool to provide brief intervention on tobacco. It has been adapted and recommended for use by General Practitioners in the “Smoking Cessation Guidelines for Australian General Practice. 2004. The 5As model can also be used by mental health workers who are concerned about their client’s tobacco use and its impact on physical health, finances and general wellbeing. It enables mental health workers to raise the issue of tobacco use in a non-threatening way, and by using the Stages of Change Model assess their client’s needs and provide appropriate and effective support. This presentation will describe the 5As model and demonstrate a quick, easy and effective intervention to begin to address tobacco use.

Learning Objectives:
1. They will be able to take away with them a simple and effective model for raising the issue of tobacco, assess needs and provide a range of strategies and techniques that support people to address their smoking.

S95 Smoking, Physical Health
7/09/2007 From: 1330 To: 1500 Venue: Otway 2
Paper 20 Minutes: The ethics of smoking bans and tobacco control initiatives in mental health.
Kristen Moeller-Saxone Kathryn Weedon
This workshop aims to explore the pros and cons of smokefree policies and their consequences in mental health settings. Tobacco control has been making significant inroads into smoking rates in Australia over the last 20 years. This has been achieved by restricting places where people can smoke, increasing the cost of cigarettes and progressively stigmatising smoking in the community. However, these initiatives have not had the same results for people with a mental illness. Smoking rates have remained stable at about two thirds of people with a mental illness and they have arguably suffered as a result of these initiatives. For example, the rising cost of cigarettes has been felt more keenly as many people live on low incomes. In addition, many people with a mental illness feel doubly stigmatised when the wider community now sees smokers as ‘second class citizens’. Conversely, there is an argument that the lack of more progressive smokefree policies in mental health settings is damaging the health and wellbeing of everyone who uses those services.

Learning objectives: 1. Attending this presentation will offer participants a chance to think about and contribute to the debate on tobacco control policies in mental health. 2. Over 60% of people with a mental illness smoke and smokefree policies are undergoing rapid change in all states of Australia. Therefore all people who work or attend mental health services are affected in some way, either as smokers whose opportunities to smoke are changed, non-smokers right to breathe smokefree air or workers’ right to a healthy workplace.

S96 Education for Excellence
7/09/2007 From: 1330 To: 1500 Venue: Otway 1
Jane Havelka Tom Brideson
The Djirruwang Program’s Bachelor of Health Science (Mental Health) course is a culturally appropriate three-year undergraduate course offered at the Charles Sturt University Wagga campus, NSW. The course involves compulsory block release
residents and compulsory workplace experience. This course offers the most comprehensive set of practical and theoretical skills of any undergraduate mental health course in Australia. The major professions simply offer components applicable to the mental health field, whereas, all course materials included in the course relate specifically to mental health and wellbeing. CSU is the first University in Australia to incorporate the National Practice Standards for Mental Health Workers as well as the National Mental Health First Aid Certificate into a course curriculum. Through this course, and in partnership with Justice Health and the eight NSW Area Health Services it is expected that by 2010 we will have over 100 trained qualified Aboriginal Mental Health Professionals working in regional, rural and remote Mental Health Services across NSW. Learning objectives: 1. This presentation aims to inform the conference of the course and its struggles in achieving professional recognition. 2. This course provides urban, rural and remote communities with employable, qualified, and experienced Indigenous Mental Health Professional who are known, respected and trusted to deal with Indigenous Mental Health issues in their own communities. Therefore create a sustainable Indigenous Mental Health professional workforce References: Brideson, T, and Kanowski, L, 2004. The struggle for systematic ‘adulthood’ for Aboriginal Mental Health in the mainstream: The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program. Brideson, T, 2004. Moving beyond a ‘Seasonal Work Syndrome’ in mental health: Service responsibilities for Aboriginal and Torres Strait Islander populations

S96 Education for Excellence  
7/09/2007 From: 1330 To: 1500 Venue: Otway 1  
Paper 20 Minutes: Putting Evidence into Practice: Evaluation of Training Clinicians to Practice CBT as Part of Routine Care in an Area Mental Health Service.  
Priscilla Yardley  Richard Newton  
Clinical Practice Guidelines routinely include Cognitive-Behavioural Therapy (CBT) as a major evidence-based psychological therapy for schizophrenia. According to Jones, Cormac, Silveira da Mota Neto, and Campbell (2004) and Kingdon (2006), its application in day-to-day practice is often restricted by the availability of suitably qualified practitioners and the lack of training programmes. The objective of our project was to outline the steps taken by a community mental health service in training a group of mental health clinicians to provide CBT for consumers. A further objective was to advocate for the programme to be imbedded within a broader strategic service plan. The outcomes of the training were evaluated in terms of the ability of the clinicians to show documented evidence of implementing CBT 12-24 months following the completion of training. A file audit was conducted in July 2006 on all the current files of the participants and of these, 87.5% showed documented evidence of using CBT in some form and 37.5% showed evidence of formal, planned cognitive-behavioural interventions which were implemented in a structured way and showed some progressive change for the consumer. Thus, up-skilling mental health clinicians to provide CBT to consumers may be a useful way of increasing the ability of the service to address the charges of clinical governance: that the service meets the relevant needs of the population with a range of safe and efficient therapies that are evidence-based, and reflect world best practice.

S96 Education for Excellence  
7/09/2007 From: 1330 To: 1500 Venue: Otway 1  
Cherie Kana  
Many health researchers and practitioners invest and put a lot of emphasis into the medical model ignoring or having little knowledge of cultural and social factors relevant to indigenous health and wellbeing. Whakapai Cultural Education Model has
been designed to deliver cultural safety and competency education workshops specifically to mainstream health clinicians. The model has been delivered to both mental health (secondary) clinicians and general health nurses (tertiary). In 2006 three hundred and fifty two mental health clinicians (of all disciplines) registered and participated in the education programme.

Methods: The holistic approach of using traditional cultural education on clinical practice demonstrated a parallel of aligning western methods and practice that aim to assist health outcomes. The challenge of mindset and medical practice verses traditional cultural methods that assist in providing better health and life outcomes. The key to achieving indigenous health is the acceptance, agreement and partnership of western and indigenous cultural practice to work together. Implementing indigenous cultural education programmes and providing access to indigenous cultural expertise that aligns western practice with traditional clinical practice.

Principal findings: Clinicians who participated in the programmes highlighted in evaluations and the survey the benefits and values gained from the education were implemented into their practice. It enhanced their awareness and understanding of how to implement appropriate practice when working with indigenous people, and how cultural indigenous methods assist wellbeing from a holistic approach to providing balance of the mental, physical, emotional/spiritual and family dynamics. Clinicians were able to identify symptoms that linked to cultural indicators affecting their wellbeing and cause of illness.

Discussion: The research with case studies has demonstrated that illnesses affecting indigenous people may not be detected by medical practice. To identify the illness we need to understand what the root cause is. Therefore the discussion would be how do you detect a spiritual illness or cultural related illness and how do we treat it? Implications for policy, delivery or practice. The key implication for delivery and practice would be providing scientific evidence that cultural practitioners and practice of working with intangible aspects that cause illness can be measured as a tangible outcome that medically is accepted as valid or credible scientific evidence. The key implication for policy is the acceptance to implement policies specific to indigenous rights and practices under an agreement or treaty. References: 1. Cultural Competence and Medical practice in New Zealand - Mason Durie (2001). School of Maori Studies, Massey University, Palmerston North. 2. Whakapai Model Maori Mental Health (kana) (2005). Learning Objectives: 1. Demonstrates the ability to apply the principles of the Treaty of Waitangi / Te Tiriti o Waitangi to clinical practice. 2. Practices clinically in a manner that the client /patient/consumer determines as being culturally safe. Outcomes: 1. Awareness and understanding of Maori values, beliefs, principals and practice of wellbeing aligned to western methods and practice. 2. Awareness and understanding of cultural terminologies expertise and practice. (i.e.: cultural assessments, Maori models of practice). Workshop Outline: Cultural Safety demonstrated in clinical practice, a Maori Perspective. Lesson Topic: Demonstration: Treaty of Waitangi. Identifying Articles and Principals. Significance and relevance to Maori culture, customs and beliefs. Examples of aligning these with clinical practice using Karakia / Whanaungatanga and Whakapapa. Cultural methods / Expertise - Identifying the significance and access of appropriate expertise and including customary practice within a clinical setting. Access to information and use of information. Tapu and Breeches. (Sacred issues). Identifying what these may relate to in clinical practice. What to be aware of in concerns to clinical treatment. How to work appropriately to not breach or break tapu or cause affect to the individual’s wellbeing. Personnel safety and practice. Identifying beliefs around personnel care and wellbeing. Appropriateness around personnel effects and belongings. Disposal or handling of personnel effects or belongings. Acknowledging and respect of cultural views and practices. What is common with other cultural beliefs and interpretations? Looking at our style and approach to being professional and sensitive to cultural issues.